



General Application Form

1. Owner/Applicant

PROPERTY OWNER:

PROJECT APPLICANT

MAILING ADDRESS:

MAILING ADDRESS:

CITY STATE ZIP CODE:

CITY STATE ZIP CODE:

PHONE NUMBER:

PHONE NUMBER:

E-MAIL ADDRESS:

E-MAIL ADDRESS:

2. Application Requested

- | | | |
|----------------------------------------------------------|------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> General Plan Petition | <input type="checkbox"/> Zoning Amendment | <input type="checkbox"/> General Plan Amendment |
| <input type="checkbox"/> Tentative Subdivision Map | <input type="checkbox"/> Tentative Parcel Map | <input type="checkbox"/> Lot Line Adjustment |
| <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Design Review | <input type="checkbox"/> Sign Design Review |
| <input type="checkbox"/> Conditional Use Permit (CUP) | <input type="checkbox"/> Zoning Administrator Permit | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Public Convenience or Necessity | <input type="checkbox"/> Other _____ | |

Is this request part of another application? Yes No If so, what? _____

3. Project Description

Project Name:

Site address or location:

Total Acres or Square Feet

Assessor's Parcel Number:

Is Your Project Located in a Flood Zone?

Yes No

Does this request include signage?

Yes No

4. Justification for Request



On a separate sheet, explain in detail your request and why you believe your request is justified.

5. General Plan Amendment

Existing General Plan Designation	Gross Acres	Proposed General Plan Designation	Gross Acres
_____	_____	_____	_____

6. Zoning Amendment

Existing Land Use Zone	Gross Acres	Proposed Land Use Zone	Gross Acres
_____	_____	_____	_____

7. Residential Development

No. of residential units are being requested? _____		No. of lots will be created by this project? _____	
Single Family _____	Half-plex _____	Do you intend to market the units for <u>sale</u> ?	
Duplex _____	Apartments _____	<input type="checkbox"/> YES <input type="checkbox"/> No	
Condominiums _____	Other _____	Do you intend to market the units for <u>rent</u> ?	
Townhomes _____	Total Units _____	<input type="checkbox"/> YES <input type="checkbox"/> No	

8. Commercial/Industrial Development

Indicate the type of commercial/industrial development proposed:

Indicate the gross and leasable square footage for each type of development:

9. Authority to File Application

Check one:

- | | |
|------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Property Ownership | <input type="checkbox"/> Power of Attorney* |
| <input type="checkbox"/> Contract to Purchase* | <input type="checkbox"/> Other |

Specify _____

* Attach Evidence of Authority

I hereby certify that the above information and accompanying documents are true and accurate to the best of my knowledge and acknowledge that the processing of this application may require additional fees and expenses for the preparation of necessary environmental documentation and planning studies. I certify that I have reviewed the current Hazardous Waste and Substances Site List, developed pursuant to AB 3750, and found that my project is not on the list.

APPLICATION WILL NOT BE ACCEPTED WITHOUT SIGNATURE OF LEGAL OWNER OR OFFICIAL AGENT

Date Received Stamp Here

Applicant: _____ Date _____

Legal Owner: _____ Date _____

Legal Owner: _____ Date _____

DEPARTMENT USE ONLY

Amount Paid: _____

Project No: _____

Amount Due: _____

Logged by: _____ Date: _____

GP / Zoning Designation: _____

Planner: _____ Date: _____