



PLANNING APPLICATION FORM

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|--|--|
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Site Plan Review |
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Staff Review |
| <input type="checkbox"/> Landscape Plan Check | <input type="checkbox"/> DRC Review |
| <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Tenant Improvement |
| <input type="checkbox"/> Master Sign Plan | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Minor Modification | <input type="checkbox"/> Tentative Map |
| <input type="checkbox"/> Negative Declaration | <input type="checkbox"/> Underground Utility Appeal |
| <input type="checkbox"/> Outdoor Storage & Display | <input type="checkbox"/> Underground Utility In Lieu Fee |
| <input type="checkbox"/> Precise Plan of Design | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Advertising/Posting | <input type="checkbox"/> Zone Change |
| <input type="checkbox"/> Sign Permit | <input type="checkbox"/> Other: _____ |

Project Address (include suite #): _____

Property Owner's Name: _____

Property Owner's Address: _____

E-mail: _____ Phone: _____

Applicant's Name: _____

Applicant's Address: _____

E-mail: _____ Phone: _____

Project Proposal/Description (include business name if applicable): _____

I certify that the foregoing statements and information are true and that any submittal material, statements or plan designs are correct to the best of my knowledge. I acknowledge and accept the following statements regarding the processing and review of applications by the City staff, various Commissions, and City Council:

NO MEMBER OF THE CITY STAFF IS AUTHORIZED TO MAKE ANY PROMISES, GUARANTEES, OR SIMILAR STATEMENTS REGARDING ANY APPLICATION THAT REQUIRES THE DISCRETIONARY REVIEW OF THE VARIOUS COMMISSIONS, AND / OR CITY COUNCIL.

No work on the project may commence until after the decision authorizing the project becomes final. For cases heard by the various Commissions, decisions are final on the 11th (eleventh) day after the commission renders its decision.

Property Owner's Signature (REQUIRED): _____ Date: _____

Applicant's Signature: _____ Date: _____

Print Name: _____ Title: _____

FOR STAFF USE ONLY

Case No(s): _____ Zone: _____ Date Received: _____

By: _____ Fee: _____ City Architect Deposit: _____

Action: Approved Approved w/conditions Denied