



DEVELOPMENT PROJECT APPLICATION

PLEASE READ AND COMPLETE THIS APPLICATION FORM CAREFULLY

THIS APPLICATION IS FOR (CHECK THE APPROPRIATE BOX):

Appeal to Planning Commission

Appeal to City Council

1. Applicant(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ FAX: _____ E-Mail: _____

2. Property Owner(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ FAX: _____ E-Mail: _____

3. Property Location: _____

4. Assessor Parcel Number(s): _____

5. Size of Property (acres or square feet): _____

6. Zoning District: Present: _____ Proposed (if applicable): _____

7. General Plan Designation: _____

8. Describe the proposed project: _____

9. Describe the basis for the appeal: _____

10. Certification: The application is correct and accurate to the best of my knowledge. If the request is granted, I (we) agree that the provisions of City and State Law will be complied with and the conditions, if any, upon which the permit is granted will be carefully observed.

Date

Owner's Signature

Date

Applicant's Signature

Staff Use Only
Received by: _____ Date: _____

Application Number _____

The Development Services Department staff appreciates your effort to complete this application. If you have questions or comments, please contact our staff at (831) 636-4360.