

STANDARD APPLICATION

Please place a check mark next to the permit being proposed:

- | | |
|---|--|
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Tenant Improvements |
| <input type="checkbox"/> Director's Review | <input type="checkbox"/> Preliminary Review |
| <input type="checkbox"/> Home Occupation Permit | <input type="checkbox"/> Site Plan Review |
| <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Tentative Administrative Parcel Map |
| <input type="checkbox"/> Over the Counter | <input type="checkbox"/> Tentative Parcel Map |
| <input type="checkbox"/> Fence/Wall | <input type="checkbox"/> Tentative Map Extension |
| <input type="checkbox"/> Guesthouse | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Patio Cover/Deck | <input type="checkbox"/> Zone Change/General Plan Amendment |
| <input type="checkbox"/> Room Addition | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sign Permit | |

Project Address: _____

Assessor Parcel Number(s) (APN): _____ **Existing Zone:** _____

Property Owner's Name: _____

Phone: _____ **Email:** _____

Applicant's Name: _____

Applicant's Address _____

Phone: _____ **Email:** _____

Project Proposal: _____

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, Planning Commission and City Council:

Applicant's Signature: _____ **Date:** _____

Print Name: _____

FOR PLANNING USE ONLY

Date Received: _____ **By:** _____

Action: Approved Approved w/ Conditions **Case No:** _____

Additional Conditions: _____
