



## PLANNING APPLICATION FORM

### IMPORTANT NOTICE TO APPLICANT!

**Applicants are strongly encouraged to contact their neighborhood council prior to submitting an application to be reviewed or heard by the Design Review Board or the Planning Commission. Neighborhood council contact information is available at the Planning Division information counter.**

#### APPLICATION TYPE(S)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Plan Amendment/Rezone      | <input type="checkbox"/> Variance                    | <input type="checkbox"/> Certificate of Compliance    | <input type="checkbox"/> Zoning Verification Letter  |
| <input type="checkbox"/> Zoning Ordinance Amendment | <input type="checkbox"/> Design Review Permit        | <input type="checkbox"/> Lot Line Adjustment          | <input type="checkbox"/> Over-the-Counter Plan Check |
| <input type="checkbox"/> Conditional Use Permit     | <input type="checkbox"/> Zoning Administrator Permit | <input type="checkbox"/> Historic Preservation Permit | <input type="checkbox"/> Other:                      |
| <input type="checkbox"/> Administrative Use Permit  | <input type="checkbox"/> Tentative Parcel Map        | <input type="checkbox"/> Sign Permit                  |  |
| <input type="checkbox"/> Temporary Use Permit       | <input type="checkbox"/> Tentative Tract Map         | <input type="checkbox"/> Fence Permit                 |  |

#### PROJECT INFORMATION

**Site Address:**  
 .....

**APN(s):**  
 .....

**Project Description:**  
 .....

#### PROPERTY OWNER ACKNOWLEDGEMENT & AUTHORIZATION

**Property Owner's Name:**  
 .....

**Mailing Address:**  
 (Street, City, State, Zip)  
 .....

**Phone:** .....

**Fax:** .....

**Email:** .....

I recognize that this application is subject to the California Environmental Quality Act (CEQA). The City, in granting this application, may attach any conditions necessary to insure that the proposal will not be detrimental to the welfare of property or persons residing or working in the neighborhood or in the City. I further certify that the information and exhibits submitted for this proposal are true and correct. In signing this application, I, as property owner, have full legal capacity to, and hereby do, authorize the filing of this application. I understand that conditions of approval are binding. I agree to be bound by those conditions, subject only to the right to object at the hearing on this application or during the appeal period.

**X** \_\_\_\_\_  
 Signature Date

#### APPLICANT ACKNOWLEDGEMENT & AUTHORIZATION

**Applicant's Name:**  
 .....

**Mailing Address:**  
 (Street, City, State, Zip)  
 .....

**Phone:** .....

**Fax:** .....

**Email:** .....

In signing this application, I, as applicant, represent to have obtained authorization of the property owner to file this application. I agree to be bound by conditions of approval, subject only to the right to object at the hearing on this application or during the appeal period. If this application has not been signed by the property owner, I have attached separate documentation of full legal capacity to file this application and agreement to conditions of approval, subject only to the right to object at the hearings or during the appeal period.

**X** \_\_\_\_\_  
 Signature Date

#### PLANNING DIVISION USE ONLY

**File No.:**

**Intake Staff:**

**Applied Date:**