



APPLICATION Type B Part 1

Type of Review Requested

- General Plan Amendment
- General Development Plan New Amendment
- SPA / Specific Plan New Amendment
- Zone Change
- Tentative Subdivision Map
- Annexation
- Other _____

STAFF USE ONLY

Case #: _____
 Submittal Date: _____
 Assigned Planner: _____
 Project Account: _____
 Deposit Account: _____
 Related Cases: _____
 Receipt #: _____

Application Information

Applicant Name _____
 Applicant Address _____
 Contact Name _____ Phone _____
 Applicant's Interest in Property (If applicant is not the owner, the owner's authorization signature at the end of this form is required to process this request.) Own Rent Other _____
 Engineer/Agent _____ Address _____
 Contact Name _____ Phone _____
 Primary Contact is: Applicant Agent E-mail of primary contact _____

General Project Description (all types)

Project Name _____ Proposed Use _____
 Project Description or Proposed Project _____

Subject Property Information (all types)

Location Street Address _____
 Parcel # _____ Total Acreage _____ Redevelopment Area (if applicable) _____
 General Plan Designation _____ Zone Classification _____
 Planned Community (if applicable) _____ Current Land Use _____

General Plan Amendment

Proposed Land Use Designation _____
 Justification for General Plan change _____

General Development Plan

General Development Plan Name: _____

Proposed Land Uses / Total Acres

Commercial / _____ Acres	Industrial / _____ Acres
Parks / _____ Acres	Schools / _____ Acres
Community Purpose / _____ Acres	Circulation / _____ Acres
Public / Quasi / _____ Acres	Open Space / _____ Acres



APPLICATION Type B Part 1

Residential / Range

Single Family Detached / _____	To _____	Units _____	Acres _____
Single Family Attached / _____	To _____	Units _____	Acres _____
Duplexes / _____	To _____	Units _____	Acres _____
Apartments / _____	To _____	Units _____	Acres _____
Condominiums / _____	To _____	Units _____	Acres _____
TOTALS / _____	To _____	Units _____	Acres _____

Annexation

Prezoning _____ LAFCO Reference # _____

Tentative Subdivision Map

Subdivision Name _____ CV Tract # _____
 Minimum lot size _____ Number of units _____ Average lot size _____

Zone Change

Rezoning Prezoning Setback Proposed Zoning _____

Authorization

Print applicant name _____

Applicant Signature _____ **Date** _____

Print owner name* _____

Owner Signature* _____ **Date** _____

* Note: Proof of ownership may be required. Letter of consent may be provided in lieu of signature.