



FOR PLANNING DEPARTMENT USE ONLY

R - _____ - _____
Date Submitted: _____ **By:** _____
Fee: Planning: \$ _____
Receipt # _____
Related Cases: _____
Other Required Reviews: _____

***Rezone Permit -
APPLICATION***

PLEASE FILL IN COMPLETELY

Applicant: _____

Address: _____

Phone: _____

Signature: _____

Name of Property Owner: _____
(if other than applicant)

Address: _____

Phone: _____

Signature: _____
(authorizing applicant to submit application)

Applicant' Representative: _____

Address: _____

Phone: _____

Signature: _____

Property Information:

Location or Address: _____

Assessor's Parcel Number (s): _____

Zoning: _____ Lot Size: _____

Overlay Zone: _____ General Plan Designation: _____

Proposed Zoning: _____

Floor Area

Existing Square Footage: _____

Percent (%) of Lot Area: _____