



APPLICATION FORM

Date Received by Planning

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Preliminary Application (standard)
<input type="checkbox"/> Preliminary Application (SB 330)
<input type="checkbox"/> Administrative Permit
<input type="checkbox"/> Code Text Amendment
<input type="checkbox"/> Design & Site Review
<input type="checkbox"/> Finding of Public Convenience
<input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Hillside Development Use Permit
<input type="checkbox"/> Major Subdivision (5+ parcels)
<input type="checkbox"/> Minor Exception
<input type="checkbox"/> Minor Subdivision (2-4 parcels)
<input type="checkbox"/> Minor Use Permit
<input type="checkbox"/> Planned Development Use Permit
<input type="checkbox"/> Protected Tree Removal | <input type="checkbox"/> Pumpkin & Christmas Tree Sales
<input type="checkbox"/> Rezoning
<input type="checkbox"/> Sidewalk Café
<input type="checkbox"/> Temporary Use/Event
<input type="checkbox"/> Use Permit
<input type="checkbox"/> Variance
<input type="checkbox"/> Vendor Permit | <input type="checkbox"/> Wireless Communication Facility
(select type below):
<input type="checkbox"/> Pole License
<input type="checkbox"/> Section 6409
<input type="checkbox"/> Administrative Permit
<input type="checkbox"/> Minor Use Permit
<input type="checkbox"/> Other: _____ |
|--|--|--|--|

PROJECT INFORMATION:

PROJECT NAME	
PROJECT SITE ADDRESS/LOCATION	ASSESSOR'S PARCEL NUMBER(S)
AFFORDABLE HOUSING REQUIREMENTS: Is this a residential ownership project with five or more units (not including condos)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, have you read Municipal Code Chapter 18.185 (Affordable Housing) and do you certify that the project complies with its requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
BRIEF PROJECT DESCRIPTION	

NOTE: All applicants are encouraged to hold a neighborhood meeting with nearby property owners and tenants early in the development review process. Planning Division staff will work with applicants to schedule the neighborhood meeting.

APPLICANT'S CONTACT INFORMATION

PROPERTY OWNER'S CONTACT INFORMATION

NAME/COMPANY: _____	NAME/COMPANY: _____
ADDRESS: _____	ADDRESS: _____
CITY, STATE: _____ ZIP: _____	CITY, STATE: _____ ZIP: _____
BUSINESS PHONE: _____ CELL: _____	BUSINESS PHONE: _____ CELL: _____
FAX: _____ EMAIL: _____	FAX: _____ EMAIL: _____

Agent Authorization Note: If the Applicant is not the Property Owner, then the Property Owner **must** sign below to authorize the Applicant as his/her official representative.

I, _____, Owner, authorize _____

to act as the official representative on my behalf for this project and in all matters relating to this application. I have read and agree with all of the above (application must be signed by property owner).

Property Owner's Signature

Date

FOR PLANNING DIVISION USE ONLY:

FILE NAME:			FEES	FIN. REV. CODE
FILE NUMBERS:	APPLICATION RECEIVED BY:	GP DESIGNATION:		
ASSOCIATED FILES:	PLANNER: ENGINEER: HOUSING (5+ dwelling units):	ZONING:		

PROJECT NAME: _____ FILE NUMBER: _____

PLEASE INCLUDE ALL RELEVANT CONTACT INFORMATION

PROJECT MANAGER

CIVIL ENGINEER

NAME/COMPANY: _____
 ADDRESS: _____
 CITY, STATE: _____ ZIP: _____
 BUSINESS PHONE: _____ CELL: _____
 FAX: _____ EMAIL: _____

NAME/COMPANY: _____
 ADDRESS: _____
 CITY, STATE: _____ ZIP: _____
 BUSINESS PHONE: _____ CELL: _____
 FAX: _____ EMAIL: _____

ARCHITECT

LANDSCAPE ARCHITECT

NAME/COMPANY: _____
 ADDRESS: _____
 CITY, STATE: _____ ZIP: _____
 BUSINESS PHONE: _____ CELL: _____
 FAX: _____ EMAIL: _____

NAME/COMPANY: _____
 ADDRESS: _____
 CITY, STATE: _____ ZIP: _____
 BUSINESS PHONE: _____ CELL: _____
 FAX: _____ EMAIL: _____

OTHER

OTHER

NAME/COMPANY: _____
 ADDRESS: _____
 CITY, STATE: _____ ZIP: _____
 BUSINESS PHONE: _____ CELL: _____
 FAX: _____ EMAIL: _____

NAME/COMPANY: _____
 ADDRESS: _____
 CITY, STATE: _____ ZIP: _____
 BUSINESS PHONE: _____ CELL: _____
 FAX: _____ EMAIL: _____

I hereby authorize employees of the City of Concord to enter upon the subject property, as necessary, to inspect the premises and process this application.

CERTIFICATION:

I hereby certify that the statements furnished above, and in the attached exhibits, present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge.

Date:

Signature: Owner Authorized Agent

For: _____