



File No: _____

PROJECT REVIEW APPLICATION

Property Address: _____

Assessor Parcel Number (APN): _____

APPLICANT INFORMATION

PROPERTY OWNER INFORMATION

Applicant's Name	Owner's Name
Address (Include City, State & Zip)	Address (Include City, State & Zip)
Telephone Number	Telephone Number
Email	Email

Description of Project:

Reason, Need and/or Special Circumstance (Please attach separate sheet of paper is necessary):

I have received and am aware of the **SUBMITTAL REQUIREMENTS** for my application and understand that **failure to meet these requirements will result in delay of project review**. I also understand **ALL** application fees are non-refundable.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Date Paid:		
Receipt:		