

Master Application Form #:

Check all that apply:

<input type="checkbox"/> Plan Amendment	<input type="checkbox"/> Site Plan Review	<input type="checkbox"/> Amendment	<input type="checkbox"/> Major	<input type="checkbox"/> Minor
<input type="checkbox"/> Rezone	<input type="checkbox"/> Variance	<input type="checkbox"/> Revised Exhibit	<input type="checkbox"/> Major	<input type="checkbox"/> Minor
<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Minor Deviation	<input type="checkbox"/> Easement Encroachment		
<input type="checkbox"/> Tentative Tract Map	<input type="checkbox"/> Tentative Parcel Map	<input type="checkbox"/> Lot Line Adjustment		
<input type="checkbox"/> Voluntary Parcel Merger	<input type="checkbox"/> Fresno Green Project	<input type="checkbox"/> Public Art Project		
<input type="checkbox"/> Annexation	<input type="checkbox"/> Other:			

Project Name: _____

Project Address: _____ A.P.N _____

Size of Site: _____ Sq. Ft. _____ Ac. Historical Project? (Building on registry and/or over 50 yrs. old) _____

Project Description (attach additional pages if necessary): _____

Zoning Designation: _____ General Plan Designation: _____

List all previously approved and/or pending entitlements, associated with this project/site (provide application number(s), if available): _____

Please read carefully before signing or filing.

Submission of this application does not imply approval of this permit by the Planning and Development Department. Application approval will become null and void if it is determined that approval was based on omissions or inaccurate information submitted by the applicant.

PRIMARY CONTACT, check all that apply Applicant Owner Other _____

Name: _____ Signature: _____

Company/Organization: _____

Address: _____ City: _____ Zip: _____

Email: _____ Phone: _____

Check all that apply Applicant Owner Other _____

Name: _____ Signature: _____

Company/Organization: _____

Address: _____ City: _____ Zip: _____

Email: _____ Phone: _____

Check all that apply Applicant Owner Other _____

Name: _____ Signature: _____

Company/Organization: _____

Address: _____ City: _____ Zip: _____

Email: _____ Phone: _____

Note: This application will not be accepted for processing without the mandatory attachments. Please see the corresponding **Application Submittal Requirements** for the checklist(s) of required documents.

FOR INTERNAL USE ONLY

DEVELOPMENT PARTNERSHIP CENTER			
Received By:		Date:	
Verification By:		Date:	
Application Fee:		EA Fee:	
PZ No:		Zone District:	