

(*(************************************	INING	Planne Pre-Ap Site De FOR CIT File No: Project Na Date Subm Deposit Ar Zoning: GP:	Planned Sign Prograd Sign Program oplication evelopment Permit TY USE ONLY: me:	Use Permit Other Admin	PC
Contact Person:	Org	anization:			
Telephone No.:	E-n	nail:			
Mailing Address:					
City:	Sta	ite:	Zip Code:		
Contact Person: Telephone No.:		anization: mail:			
Mailing Address: City:	Sta	ite:	Zip Code:		
PROPOSED PROJECT (Briefly des	scribe projectruse including squa	ne lootage, bu	isiliess type, lot size, t	etc.).	
I hereby certify under penalty of perjury that a information shall be grounds for denying this a commensurate with staff time and resources, a	application. Furthermore, I un	derstand that	t the cost to process	s a discretionary ap	plication is
Applicant Signature I hereby authorize the applicant, identified a	Date above, to file this application		ent me in matters re	elated to its proces	sing:
Property Owner Signature	Date	·			

Changed Plan

Tentative Parcel Map