PRELIMINARY REVIEW APPLICATION

PLANNING FILING FEE: $935

DEPARTMENT OF PLANNING AND BUILDING SERVICES
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Form must be typed or printed clearly in black or blue ink. All sections must be completed in full.
This application consists of one page; only attach additional sheets if necessary. FILE NO. _____

Property Owner/s	**Property Owner/s**
Name:	Name:
Mailing Address:	Mailing Address:
City, ST, Zip:	City, ST, Zip:
Telephone: Fax:	Telephone: Fax:
Email:	Email:

Applicant/Authorized Representative*	**Agent (Land Surveyor/Engineer/Consultant)**
Same as above: ☐	Correspondence also sent to: ☐
Name:	Name:
Mailing Address:	Mailing Address:
City, ST, Zip:	City, ST, Zip:
Telephone: Fax:	Telephone: Fax:
Email:	Email: License #:

Project Address or Specific Location:			
Deed Reference: Book:	Page:	Year:	Doc#:
Zoning:		**General Plan Designation:**	
Parcel Size (acreage):		Section:	Township: Range:

Assessor's Parcel Number(s):	- -	- -	- -
- -	- -	- -	- -

Project Description (please indicate all documents you attach to this application):

SIGNATURE OF PROPERTY OWNER(S): I HEREBY ACKNOWLEDGE THAT: I have read this application and state that the information given is both true and correct to the best of my knowledge. I agree to comply with all County ordinances and State laws concerning this application.	***SIGNATURE OF APPLICANT/AUTHORIZED REPRESENTATIVE** (Representative may sign application on behalf of the property owner only if Letter of Authorization from the owner/s is provided).
Date:	Date:
Date:	Date: