

Community Development Department
248 Main Street
Soledad, CA 93960
Phone (831) 223-5041
Fax (831) 678-3965



Planning Permit Application

Applicant: _____

Address: _____

Phone No.: _____ Fax No.: _____ E-Mail: _____

Owner 1: _____

Address: _____

Phone No.: _____ Fax No.: _____ E-Mail: _____

Owner 2: _____

Address: _____

Phone No.: _____ Fax No.: _____ E-Mail: _____

PERMIT INFORMATION:

- | | | |
|---|---|---|
| <input type="checkbox"/> Architectural Review (Residential) | <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Tentative /Vesting Subdivision Map |
| <input type="checkbox"/> Architectural Review (Commercial) | <input type="checkbox"/> Landscaping Review | <input type="checkbox"/> Tentative Parcel Map |
| <input type="checkbox"/> Banner Permit | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Planned Development | <input type="checkbox"/> Zoning Map/Text Amendment |
| <input type="checkbox"/> Environmental Assessment | <input type="checkbox"/> Sign Permit | <input type="checkbox"/> Other |

Project Description (attach sheet if needed): _____

SITE INFORMATION:

Address: _____ Zoning District: _____

APN: _____ Site Area: _____

REQUIRED SUBMITTALS: Please see "Submittal Checklist"

I declare under penalty that I am the owner or authorized agent for this property and that the foregoing statements and answers herein and all data information, documents and evidence herewith submitted are to the best of my knowledge and believe true and correct. **(Note: The signature of the property owner(s) is required on this application before it will be accepted)**

Applicant Signature

Date

Owner 1 Signature

Date

Owner 2 Signature

Date

Staff Use Only

Filing Fee: _____

Receipt # _____

Date: _____

Received by: _____