CITY OF SAN JUAN BAUTISTA
P.O. Box 1420, 311 Second Street
San Juan Bautista, CA 95045

PLANNING DEPARTMENT
Phone: (831) 623-4661
Fax: (831) 623-4093

PLANNING APPLICATION COVER PAGE

TYPE OF APPLICATION (CHECK ALL THAT APPLY).

- Historic Resource Design Review
- Informal Project Review
- Major Projects
- Minor Projects
- Design Review
- Informal Project Review
- Major Projects
- Minor Projects
- Sign Permit
- Conditional Use Permit/Amendment
- Tentative Map Major
- Tentative Map Minor
- Planning Unit Development
- Annexation
- Urban Growth Boundary
- Rezoning / Pre-zoning
- General Plan Amendment
- Zoning Text Amendment
- Certificate of Compliance
- Lot Line Adjustment
- Secondary Dwelling Unit
- Variance
- Permit Amendment
- Appeal
- Other

Applicant(s):
Name: _______________________________________________________________
Mailing Address: ______________________________________________________
Phone: ______________________ email: ________________________________

Property/Land Owner(s):
Name: _______________________________________________________________
Mailing Address: ______________________________________________________
Phone: ______________________

Name and mailing address of property owner’s or applicant’s duly authorized
gent who is to be furnished with notice of hearing (Section 65091 – California
Government Code):
Name: _______________________________________________________________
Mailing Address: ______________________________________________________
Phone: ______________________ email: ________________________________

Project Address/Location: _____________________________________________

Most Current Assessor’s Parcel Number: ________________________________

For Office Use Only:
Date Application Submitted _______________ Deposit Collected $ __________ Date ________
Date Application Complete _______________ Billing Number ________________________________
File Number(s) __________________________

12/17/2013
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