



City of Clovis PLANNING APPLICATION

City Hall, 1033 Fifth Street, Clovis, California 93612 / (559) 324-2340

OFFICE USE ONLY

Date Received: _____

Dept. File No(s): _____

Print clearly in black or blue ink or type.

Applicant _____

Name of Contact _____

Email address: _____

Applicant's Address _____

City _____ State _____ Zip _____ Day Phone _____

Representative (if any) _____

Name of Contact _____

Email address: _____

Representative's Address _____

City _____ State _____ Zip _____ Day Phone _____

Property Owner (if other than applicant) _____

Email address: _____

Owner's Address _____

City _____ State _____ Zip _____ Day Phone _____

Please indicate if all correspondence is to be sent to: the applicant the representative the property owner

Description of Request (please be specific) _____

Project Location: _____ Current General Plan Designation _____

Assessor's Parcel Number _____ Current Zone District _____

(ATTACH SEPARATE LEGAL DESCRIPTION)

APPLICANT/REPRESENTATIVE: I have reviewed this completed application and the attached material. The information provided is accurate. I understand the city might not approve this request, or might set conditions of approval.

Signed _____ Date _____

PROPERTY OWNER/AUTHORIZED AGENT: I have read this completed application and consent to its filing.
(Property Owner Consent form may be required)

Signed _____ Date _____

Please check all for which you are applying:

- Administrative Use Permit
- Annexation/ Reorganization
- Conditional Use Permit
- Environmental Assessment
- General Plan Amendment
- Lot Line Adjustment
- Minor Adjustment
- Minor Deviation
- Ordinance Amendment
- Parcel Map
- Planned Residential Development
- Rezone/ Prezone
- Second Unit
- Sign Review
- Site Plan Review
- Site Plan Review Amendment
- Residential Site Plan Review
- Temporary Use Permit
- Tract Map
- Variance