



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): _____

RHNA Site: _____

Please indicate to whom all correspondence is to be sent by checking the relevant box(es).

Applicant _____

Contact Name and Email: _____

Applicant's Address: _____

City _____ State _____ Zip _____ Phone _____

Representative (if any) _____

Contact Name and Email: _____

Representative's Address: _____

City _____ State _____ Zip _____ Phone _____

Property Owner (if other than applicant) _____

Contact Name and Email: _____

Owner's Address: _____

City _____ State _____ Zip _____ Phone _____

Description of Request (*please be specific*): _____

DRC File No.: DRC-_____ Project Location: _____

Current General Plan Designation: _____ Current Zone District: _____

Assessor's Parcel Number(s): _____

Please check all for which you are applying:

- Preliminary Application for Housing Development Project
- Administrative Use Permit
- Annexation/ Reorganization
- Conditional Use Permit
- Environmental Assessment
- General Plan Amendment
- Lot Line Adjustment
- Minor Adjustment
- Minor Deviation
- Multifamily Residential Design Review
- Ordinance Amendment
- Parcel Map -Standard
- Parcel Map -SB9
- Planned Development Permit
- Rezone/ Prezone
- RHNA Project Plan Review
- Site Plan Review
- Site Plan Review Amendment
- Residential Site Plan Review
- Residential Site Plan Review Amendment
- Temporary Use Permit
- Tract Map
- Variance

APPLICANT: 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.

Print Name Signature Date

REPRESENTATIVE (if any): 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.

Print Name Signature Date

PROPERTY OWNER/AUTHORIZED AGENT (if other than applicant): As property owner, I have read this completed application and consent to its filing. As an authorized agent, I certify that I have signatory authority on behalf of the property owner agency/entity.

Print Name Signature Date