



Land Use Application

Project Information		
Project Title:		
Brief Description:		
Estimated Construction Value:		
Property Information		
Address:		
Assessor's Map Number and Tax Lot(s):		
Applicant/Primary Contact		
Name:	Company Name:	
Address:		
City:	State:	ZIP:
Phone:	Email:	
Property Owner		
Name:		
Address:		
City:	State:	ZIP:
Phone:	Email:	
Property Owner's Signature: (Note: Letter of authorization is required if not signed by owner)		Date:

AS THE PERSON RESPONSIBLE FOR THIS APPLICATION, I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE INFORMATION IN AND INCLUDED WITH THIS APPLICATION IN ITS ENTIRETY IS CORRECT. I AGREE TO COMPLY WITH ALL APPLICABLE CITY AND COUNTY ORDINANCES AND STATE LAWS REGARDING BUILDING CONSTRUCTION AND LAND USE.	
Applicant's Signature:	Date:

Land Use Application Type:

- | | | |
|--|---|---|
| <input type="checkbox"/> Annexation (ANN) | <input type="checkbox"/> Historic Landmark (HIST) | <input type="checkbox"/> Minor Architectural Review (MAR) |
| <input type="checkbox"/> Architectural Review (AR) | <input type="checkbox"/> Industrial Master Plan (IMP) | <input type="checkbox"/> Minor Variance (MVAR) |
| <input type="checkbox"/> Architectural Review—Single Family (ARSF) | <input type="checkbox"/> Plan Map Amendment (PMA) | <input type="checkbox"/> Sign Variance (SVAR) |
| <input type="checkbox"/> Architectural Review—ADU (ARADU) | <input type="checkbox"/> Plan Text Amendment (PTA) | <input type="checkbox"/> Variance (VAR) |
| <input type="checkbox"/> Conditional Use (CUP) | <input type="checkbox"/> Tree Removal/Review (TCP) | <input type="checkbox"/> Other _____ |

Office Use		
Case No:	Date Received:	Received by:
Fee:	Receipt No:	