



CITY OF VISALIA
PLANNING DIVISION PERMIT
APPLICATION

DATE STAMP

PERMIT APPLICATION(S):

Check all permits being applied for with this application.

- | | |
|--|---|
| <input type="checkbox"/> CONDITIONAL USE PERMIT | <input type="checkbox"/> LOT LINE ADJUSTMENT |
| <input type="checkbox"/> AMENDMENT TO EXISTING CUP | <input type="checkbox"/> TENTATIVE PARCEL MAP |
| <input type="checkbox"/> ZONING VARIANCE | <input type="checkbox"/> TENTATIVE SUBDIVISION MAP |
| <input type="checkbox"/> NOISE VARIANCE | <input type="checkbox"/> GENERAL PLAN AMENDMENT |
| <input type="checkbox"/> CHANGE OF ZONE | <input checked="" type="checkbox"/> SPECIFIC PLAN / AMENDMENT |
| <input type="checkbox"/> ANNEXATION | |

****Staff Use Only****
 Project Number(s) _____

 Planning Commission
 Date: _____

Name of Applicant:

Short title or name of proposed project:

Summary description of the proposed project:

SITE:

Site Plan Review number(s) _____

Date of SPR Committee revise & precede authorization _____

Address or nearest major street intersection _____

APN(s) _____

Existing Zone _____ Existing General Plan Land Use Designation _____

Proposed Zoning Designation _____

Proposed Land Use Designation _____

Site area (acres, or square feet if less than one acre) _____

Existing streets directly adjacent to the site _____

Existing use(s) _____

Existing improvements/structures _____

PROPERTY OWNER(S):

If more than two owners, please provide information and signature(s) on a separate sheet.

Name (print) _____ Name (print) _____

Mailing Address _____ Mailing Address _____

Phone _____ Phone _____

Statement: I/We declare under penalty of perjury that I am/we are the legal owner(s) of the property involved in this application. I/We authorize the person named in this application as the Project Main Contact to act as my/our representative with City Staff regarding the processing of this application.

Date

Property Owner Signature

Date

Property Owner Signature

PROJECT MAIN CONTACT/REPRESENTATIVE:

(This is the person who will be the main contact with City Staff, and will receive all correspondence.)

Name (print) _____

Firm/Company _____

Mailing Address _____

Phone _____ Fax _____ E-Mail _____

Statement: I will be the main contact and representative of the proposed project with City Staff during the processing of this application. I declare under penalty of perjury that all statements and documents submitted with this application are true and correct to the best of my knowledge.

Date

Project Main Contact/Representative Signature

OTHER INVOLVED PARTIES:

Fill in all that apply.

Is the property currently in escrow? If so, to whom? _____
(Write "none" if property is not in escrow.)

Developer/Builder _____

Mailing Address _____

Phone _____ Fax _____

Contractor _____

Engineer _____

Architect _____

NAMES OF PRINCIPALS, PARTNERS, AND/OR TRUSTEES:

List the names of any and all principals, partners, and/or trustees where any property owner or developer/builder is a corporation, partnership, or trust. For corporations provide names of officers and directors. For trusts provide names of trustees and beneficiaries.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



CITY OF VISALIA
PLANNING DEPARTMENT
ENVIRONMENTAL CONDITIONS
REQUIRED FOR ALL PROJECTS

SITE CHARACTERISTICS:

Flood Zone Designation: _____ Height Of Required Minimum Building Elevation: _____

Is The Project Site Within A:

Historic District: Yes / No

Specific Plan Or Master Plan Area: Yes / No (If Yes, Name) _____

Special Study Area: Yes / No (If Yes, Name) _____

Agricultural Preserve: Yes / No

Williamson Act Contract: Yes / No: If Yes, Preserve # _____ Contract # _____

Has A Notice Of Non-Renewal Been Filed? Yes / No Date Filed: _____

Please Check All Items Applicable To The Project:

_____ Mature Oak Trees On Site Or Within Forty Feet Of The Site

_____ Within Protected Species Or Habitat Area

_____ Evidence of Hazardous Waste Or Previous Hazardous Uses Or Processes Occurring On Site

_____ Waterways Adjacent To The Project Site, And/Or Any Planned Changes In Streams, Waterways, Rivers, Ditches

_____ Known Cultural Resources On Site

_____ Within ¼ Mile Of Any School

_____ Increase In Light Or Glare To Immediate Vicinity After Project Is Completed

_____ Increase In Noise To Immediate Vicinity After Project Is Completed

_____ Within Two Miles Of An Airport



CITY OF VISALIA
PLANNING DEPARTMENT
SPA SUPPLEMENTAL APPLICATION

Is the area located inside a Specific Plan, Master Plan or Implementation Plan? If so, which Plan? _____

Explain how the proposed project consistent with policies, criteria and land use designations inside the existing Specific Plan, Master Plan or Implementation Plan? _____

List all proposed changes to any policies, criteria and/or land use designation: _____

AGENCY AUTHORIZATION

OWNER:

I, _____, declare as follows:
(Owners Name)

I am the owner of certain real property bearing assessor's parcel number (APN):

AGENT:

I designate _____, to act as my duly authorized
(Agent's Name) (Please type or print)

agent for all purposes necessary to file an application for, and obtain a permit to

(Action Sought)

relative to the property mentioned herein.

I declare under penalty of perjury the foregoing is true and correct.

Executed this _____ day of _____, 20_____.

<u>OWNER</u>	<u>AGENT</u>
(Signature of Owner)	(Signature of Agent)
(Owner Mailing Address)	(Agent Mailing Address)
(Owner Telephone)	(Agent Telephone)

APPROVED:
CITY OF VISALIA

By: _____ Date: _____
(Signature)

*NOTE: OWNER'S SIGNATURE MUST BE NOTARIZED. Attach acknowledgment of signature(s) by Notary Public.