CITY OF VISALIA
PLANNING DIVISION PERMIT
APPLICATION

DATE STAMP

PERMIT APPLICATION(S):

Check all permits being applied for with this application.

____ CONDITIONAL USE PERMIT
____ AMENDMENT TO EXISTING CUP
____ ZONING VARIANCE
____ NOISE VARIANCE
__X__ CHANGE OF ZONE
____ ANNEXATION

____ LOT LINE ADJUSTMENT
____ TENTATIVE PARCEL MAP
____ TENTATIVE SUBDIVISION MAP
____ GENERAL PLAN AMENDMENT
____ SPECIFIC PLAN AMENDMENT

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
GENERAL PLAN AMENDMENT (GPA) AND CHANGE OF ZONE (COZ) SUPPLEMENTAL APPLICATION

EXISTING GENERAL PLAN/ZONING INFORMATION

List the existing General Plan Land Use Designations and Acreages of Each:

General Plan Designation_____ Acreage _____

General Plan Designation_____ Acreage _____

General Plan Designation_____ Acreage _____

If area is within the City Limits, list existing Zoning Land Use Designations and Acreages of Each:

Zoning Designation_____ Acreage _____

Zoning Designation_____ Acreage _____

Zoning Designation_____ Acreage _____

PROPOSED GENERAL PLAN/ZONING INFORMATION

What are the types of land uses proposed/sought by this project? _____

List suggested/proposed General Plan Land Use Designations and Acreages of Each:

General Plan Designation_____ Acreage _____

General Plan Designation_____ Acreage _____

General Plan Designation_____ Acreage _____

If area is within the City Limits, list existing Zoning Land Use Designations and Acreages of Each:

Zoning Designation_____ Acreage _____

Zoning Designation_____ Acreage _____

Zoning Designation_____ Acreage _____

OTHER REQUIRED INFORMATION

List the reasons justifying the loss of zoning and land use designations by this project. Cite General Plan Policies Affecting the Request:_____

_____

_____

List the reasons justifying the increase of zoning and land use designations by this project. Cite General Plan Policies Affecting the Request:_____

_____

_____

Will the proposed project increase/decrease daily trips planned for this site? Explain:_____

_____

THE FOLLOWING ITEMS ARE REQUIRED WITH THIS APPLICATION

_____ 3 Copies Of Proposed Land Use Maps

_____ 3 Copies Of Conceptual Plans Or Exhibits For Proposed Project Associated With The Request (if applicable)

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_____.

OWNER	AGENT
_____ (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.