



## APPLICATION FORM

Date Received by Planning

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Preliminary Application<br><input type="checkbox"/> Administrative Permit<br><input type="checkbox"/> Animal Permit<br><input type="checkbox"/> Building Move<br><input type="checkbox"/> Certificate of Appropriateness<br><input type="checkbox"/> Condominium Conversion Use Permit<br><input type="checkbox"/> Design & Site Development Review | <input type="checkbox"/> Development Code Amendment<br><input type="checkbox"/> Finding of Public Convenience<br><input type="checkbox"/> General Plan Amendment<br><input type="checkbox"/> Heritage Tree Nomination<br><input type="checkbox"/> Hillside Development Use Permit<br><input type="checkbox"/> Landscape Project Application | <input type="checkbox"/> Major Subdivision/Vesting Tentative Map<br><input type="checkbox"/> Minor Exception<br><input type="checkbox"/> Minor Subdivision<br><input type="checkbox"/> Minor Use Permit<br><input type="checkbox"/> Planned Development Use Permit<br><input type="checkbox"/> Protected Tree Removal<br><input type="checkbox"/> Pumpkin & Christmas Tree Sales<br><input type="checkbox"/> Reasonable Accommodation | <input type="checkbox"/> Rezoning<br><input type="checkbox"/> Secondary Living Unit<br><input type="checkbox"/> Sidewalk Café<br><input type="checkbox"/> Use Permit<br><input type="checkbox"/> Variance<br><input type="checkbox"/> Vacation/Abandonment of Property Rights<br><input type="checkbox"/> Vendor Permit<br><input type="checkbox"/> Wireless Communication Facility |
|--|---|---|---|

**PROJECT INFORMATION:**

PROJECT NAME	
PROJECT SITE ADDRESS/LOCATION	ASSESSOR'S PARCEL NUMBER
PROJECT DESCRIPTION (Provide brief description and submit a more detailed description as an attachment.)	

**NOTE: All applicants are encouraged to hold a neighborhood meeting with nearby property owners and tenants early in the development review process. Planning Division staff will work with applicants to schedule the neighborhood meeting.**

**APPLICANT'S CONTACT INFORMATION**

**PROPERTY OWNER'S CONTACT INFORMATION**

NAME/COMPANY: _____ ADDRESS: _____ CITY, STATE: _____ ZIP: _____ BUSINESS PHONE: _____ CELL: _____ FAX: _____ EMAIL: _____	NAME/COMPANY: _____ ADDRESS: _____ CITY, STATE: _____ ZIP: _____ BUSINESS PHONE: _____ CELL: _____ FAX: _____ EMAIL: _____
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Agent Authorization Note: If the Applicant is not the Property Owner, then the Property Owner **must** sign below to authorize the Applicant as his/her official representative.

I, \_\_\_\_\_, Owner, authorize \_\_\_\_\_  
 to act as the official representative on my behalf for this project and in all matters relating to this application. I have read and agree with all of the above (application must be signed by property owner).

\_\_\_\_\_  
 Property Owner's Signature

\_\_\_\_\_  
 Date

**FOR PLANNING DIVISION USE ONLY:**

FILE NAME:			FEES	FIN. REV. CODE
FILE NUMBERS:	APPLICATION RECEIVED BY:	GP DESIGNATION:		
	PLANNER:			
ASSOCIATED FILES:	ENGINEER:	ZONING:		



**PROJECT NAME:** \_\_\_\_\_ **FILE NUMBER:** \_\_\_\_\_

**PLEASE INCLUDE ALL RELEVANT CONTACT INFORMATION**

**PROJECT MANAGER**

**CIVIL ENGINEER**

NAME/COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME/COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**ARCHITECT**

**LANDSCAPE ARCHITECT**

NAME/COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME/COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**OTHER**

**OTHER**

NAME/COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME/COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I hereby authorize employees of the City of Concord to enter upon the subject property, as necessary, to inspect the premises and process this application.

**CERTIFICATION:**

I hereby certify that the statements furnished above, and in the attached exhibits, present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature:  Owner  Authorized Agent

For: \_\_\_\_\_