

Applicant Information	
Applicant:	Phone #:
Address:	City, State, Zip:
Email:	Project Parcel#:
Project Location:	
Project Type: Zoning Map Amendment	General Plan Map Amendment
Existing Zone:	Proposed Zone:
Existing General Plan Designation:	
Proposed General Plan Designation:	
Applicant's Signature:(property owner or authorized agent)	Date:
Submitt	tal Requirements
<ul> <li>Survey drawing including an accurate zone or general plan change.</li> <li>A detailed geologic study will be involving Critical Environmental</li> <li>A Concept Plan outlining the property.</li> </ul>	
Sta	aff Use Only
Fees: Date:	Application #:
Assigned Staff Member: A	ction: Date of Action:
Final Decision Maker: PC	CC $\square$