

Planning Application

PJR-001

Application Type(s):

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Admin Cert. Compliance | <input type="checkbox"/> Design Review Admin. | <input type="checkbox"/> Minor Subdivision | <input type="checkbox"/> Use Permit |
| <input type="checkbox"/> Ag. Or Timber Preserve/Contract | <input type="checkbox"/> Design Review Full | <input type="checkbox"/> Voluntary Merger | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Conditional Cert. of Compliance | <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Ordinance Interpretation | <input type="checkbox"/> Zone Change |
| <input type="checkbox"/> Cert. of Modification | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Second Unit Permit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Coastal Permit | <input type="checkbox"/> Major Subdivision | <input type="checkbox"/> Specific/Area Plan Amendment | _____ |
| <input type="checkbox"/> Zoning Permit for: _____ | | | |

File # _____

By placing my contact information (name, address, phone number, email address, etc.) on this application form and submitting it to Sonoma County PRMD, I understand and authorize PRMD to post this application to the internet or public information purposes, including my contact information.

PRINT CLEARLY					
APPLICANT			OWNER (IF OTHER THAN APPLICANT)		
Name			Name		
Mailing Address			Mailing Address		
City	State	Zip	City	State	Zip
Day Ph ()	Email		Day Ph ()	Email	
Signature		Date	Signature		Date
OTHER PERSONS TO BE NOTIFIED (If listed they must sign application form)					
Name/Title			Name/Title		
Mailing Address			Mailing Address		
City	State	Zip	City	State	Zip
Day Ph ()	Email		Day Ph ()	Email	
Signature		Date	Signature		Date
PROJECT INFORMATION					
Address(es)				City	
Assessor's Parcel Number(s)					
Project Description _____					

Acreage			Number of new lots proposed		
Site Served by Public Water? <input type="checkbox"/> Yes <input type="checkbox"/> No			Site Served by Public Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY PRMD STAFF					
Planning Area		Supervisorial District		Latitude	
				Longitude	
Current Zoning					
General Plan Land Use			Specific/Area Plan		
S.P. Land Use			Violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		File No.
Application resolve planning violation? <input type="checkbox"/> Yes <input type="checkbox"/> No			Penalty application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Files					
Application accepted by				Date	
Approved by				Date	