

IV. For City Use Only

A. Address _____	Zoning District _____
_____	Assessor's Parcel No. _____
B. Property Location _____	_____
_____	Application Nos. _____
_____	_____
_____	_____
C. Proposal _____	_____
_____	_____
_____	_____
_____	Date Filed _____
_____	Total _____
D. General Plan Amendment Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Received By _____
E. Rezoning Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipt No. _____
F. Variance Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
CEQA <input type="checkbox"/> Exempt Class 15 Minor Land Division or Class _____	<input type="checkbox"/> Non-Exempt _____

Additional Submittal Information Required:

DATE: _____ **PLANNER:** _____