



City of Kingsburg
PLANNING APPLICATION
 City Hall, 1401 Draper Street, Kingsburg, CA 93631
 (559)-897-5328

OFFICE USE ONLY

Date Received: _____
 File No.: _____
 Mailing Radius: _____
 Fee: _____

Applicant _____
 e-mail address _____
 Applicant's Address _____
 City _____ State _____ Zip _____ Day Phone _____
 Representative _____
 e-mail address _____
 Representative's Address _____
 City _____ State _____ Zip _____ Day Phone _____
 Property Owner (if other than applicant) _____
 e-mail address _____
 Owner's Address _____
 City _____ State _____ Zip _____ Day Phone _____
 APN _____

- Please check all for which you are applying (Separate forms are required for each item):
- Administrative Approval
 - Conditional Use Permit
 - Conceptual Presentation
 - Environmental Assessment
 - General Plan Amendment Prezone
 - Lot Line Adjustment
 - Parcel Map
 - Parcel Map Exemption
 - Planned Unit Development
 - Sign Review
 - Site Plan Review
 - Tract Map
 - Variance
 - Zone Change Ordinance Map

Please indicate if correspondence is to be sent by Postal service or e-mail to:
Please circle one
 Applicant Representative Property Owner

Description of Request (attach additional sheet if necessary) _____

Project Location _____ Current Designation _____

APPLICANT/REPRESENTATIVE: I have reviewed this completed application and the attached material. The information provided is accurate. I understand the city might not approve this request, or might set conditions of approval.

 Signed _____ Date _____

PROPERTY OWNER/AUTHORIZED AGENT: I have read this completed application and consent to its filing.
 (Notarized letter from owner/agent may be required)

 Signed _____ Date _____

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<p>ROUTE TO:</p> <p><input type="checkbox"/> Planning Director <input type="checkbox"/> Building Official</p> <p><input type="checkbox"/> City Engineer <input type="checkbox"/> SKF</p> <p><input type="checkbox"/> Public Works <input type="checkbox"/> Fire Department</p> <p><input type="checkbox"/> Police Department</p>	<p>RETURN TO:</p> <p>Planning Department Secretary</p> <p>Phone (559)897-5328</p> <p>Fax (559)897-6558</p>
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Distribution Date _____ Received by _____ Comments Yes No

N.R.U.Q. FORM ATTACHED YES
 NO

Comments Attached Yes No