



PROJECT APPLICATION

General Information Required *(Print or Type)*

Name of Proposed Project	<i>(Staff Use Only)</i> Plan Review Number: Related Files: DS Number:	
Location of Project <i>(Address Required)</i>		
Legal Description of Project Location <i>(Assessor's Parcel No.)</i>		
Applicant's Name		Phone
Address		
Legal Owner's Name <i>(as listed in the Orange County Assessor's records)</i> Phone		
Address		

Type of Review Requested

- | | | |
|---|---|---|
| <input type="checkbox"/> Administrative Remedy | <input type="checkbox"/> Large Family Day Care | <input type="checkbox"/> Tentative Parcel Map |
| <input type="checkbox"/> Certificate of Compatibility | <input type="checkbox"/> Plan Review | <input type="checkbox"/> Tentative Tract Map |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Planned Community | <input type="checkbox"/> Zone Change |
| <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Planned Unit Development (PUD) | <input type="checkbox"/> Zone Variance |
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Precise Development Plan | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Historic Designation | <input type="checkbox"/> Temporary Trailer | <input type="checkbox"/> Other _____ |

Project Description

Detailed Description of Proposed Project (Attach Additional Sheets, if Necessary)

Incomplete Applications

The completeness of this application, which includes accompanying plans, shall be subject to the review of the Community Development Department. Applications for any of the above listed actions, and other actions as deemed necessary by the Community Development Director, shall be considered incomplete pending completion of the Plan Review process.

Owner Certification

I certify that I am presently the legal owner, or authorized representative of the owner, of the above described property. Further, I acknowledge the filing of this application and certify that all of the above information is true and accurate. *(If the undersigned is different from the legal property owner, a letter of authorization must accompany this form.)*

Date	Signature
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Print Name and Title

Date Time Received	Received by	Deposit Received	Project/Receipt No.
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