



SB 9 Planning Application Form

Application Request(s):

<input type="checkbox"/> Preliminary Planning Application	<input type="checkbox"/> Planning Application
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Application Type(s):

<input type="checkbox"/> Single-Family Dwelling Design Review (SFDDR)	<input type="checkbox"/> Special Use Permit (SUP)
<input type="checkbox"/> Site Plan & Architectural Review (SPAR)	<input type="checkbox"/> Site Development Planning Application (SDPA)
<input type="checkbox"/> SB 9 Tentative or Vesting Tentative Parcel Map (TM or VTPM)	<input type="checkbox"/> Other: _____

Applicant Information:

Name: _____

Mailing Address: _____

City, State, Zip: _____

Daytime Phone: _____

Email: _____

Property Owner Information (If different than applicant):

Name: _____

Mailing Address: _____

City, State, Zip: _____

Daytime Phone: _____

Email: _____

Please provide the above information for each additional property owner or applicant, if applicable, on a separate sheet of paper.

Project and Property Information

Project Address(es): _____

Assessor Parcel Number(s): _____

Brief Project Description: _____
