



PLANNING PERMIT APPLICATION

Development Services Department / Planning Division
 3232 Main Street, Lemon Grove, CA 91945
 Phone: 619-825-3805 Fax: 619-825-3818
www.lemongrove.ca.gov

APPLICATION REQUEST- SELECT ALL THAT APPLY – (SUBJECT TO OTHER PERMIT REQUIREMENTS)

- | | |
|--|--|
| <input type="checkbox"/> Zoning Clearance (ZC)
<input type="checkbox"/> Pre-Application (PA)
<input type="checkbox"/> Minor Use Permit (MUP)
<input type="checkbox"/> Conditional Use Permit (CUP)
<input type="checkbox"/> Planned Development Permit (PDP)
<input type="checkbox"/> Minor Modification (MM)
<input type="checkbox"/> Variance (VA)
<input type="checkbox"/> Boundary Adjustment/Lot Merger (BA)
<input type="checkbox"/> Tentative Map (TM) - 5 or more lots
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Tentative Parcel Map (TPM) - 4 or fewer lots
<input type="checkbox"/> Certificate of Compliance (CC)
<input type="checkbox"/> Zoning Amendment (ZA)
<input type="checkbox"/> Specific Plan Amendment (SPA)
<input type="checkbox"/> General Plan Amendment (GPA)
<input type="checkbox"/> Modification of _____
<input type="checkbox"/> Time Extension for _____
<input type="checkbox"/> Appeal of _____
<input type="checkbox"/> Substantial Conformance Review of _____ |
|--|--|

APPLICANT:	PHONE:
ADDRESS:	FAX:
	EMAIL:

PROPERTY OWNER:	PHONE:
ADDRESS:	FAX:
	EMAIL:

CONTACT PERSON:	PHONE:
ADDRESS:	FAX:
	EMAIL:

*If applicant or property owner is a trust, partnership, or corporation, please attach record(s) of ownership listing all trustees, partners, or officers, as applicable.

PROJECT NAME:	
PROJECT ADDRESS:	
ASSESSOR PARCEL #:	SITE ACREAGE:

DETAILED DESCRIPTION OF PROPOSED PROJECT USE, STRUCTURE, AND IMPROVEMENT:

APPLICANT CERTIFICATION:

I hereby certify that the statements furnished in this application and in the supplemental materials present the data and information required for this project to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge. In addition, I grant permission to the City of Lemon Grove to reproduce submitted materials, including but not limited to plans, exhibits, photographs, and studies for distribution to staff, Planning Commission, City Council and other agencies in order to process this application.

Signature:

Date:

Name (please print):

Phone:

CONSENT BY PROPERTY OWNER

If applicant is other than property owner, owner must sign consent to filing. Attach additional sheets if necessary. If property owner is a corporation or trust, a designee authorization letter is required.

I/We, as the owner(s) of the subject property, consent to the filing of this application. We further consent and hereby authorize City representative(s) to enter upon my property for the purpose of examining and inspecting the property in preparation of any reports and/or required environmental review for the processing of the application.

Signature:

Date:

Name (please print):

Phone:

Signature:

Date:

Name (please print):

Phone:

Note: This application being signed under penalty of perjury and does not require notarization.

TO BE COMPLETED BY PLANNING STAFF

APPLICATION PROCESSING:

FILE #(s):

ACTION:

DATE:

APPROVED

DISAPPROVED

FEES:

RECEIPT #:

CONDITIONALLY APPROVED (See Below)

ZONE:

LAND USE DESIGNATION:

COMMENTS and/or CONDITIONS:

Multiple empty rows for providing comments and/or conditions.