



CITY OF SUISUN CITY

COMMUNITY DEVELOPMENT DEPARTMENT

701 Civic Center Boulevard • Suisun City, CA 94585

Phone 707-421-7335 • FAX 707-429-3758

E-mail planning@suisun.com

PLANNING APPLICATION FORM

This application form is required as part of any request to process the planning applications listed below. Other required items are indicated on the accompanying instruction materials. **It is the applicant's responsibility to insure that application packages are complete and accurate.**

APPLICATION REQUESTED

- | | | |
|---|--|---|
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Tentative Subdivision Map | <input type="checkbox"/> Use Permit |
| <input type="checkbox"/> Planned Unit Development | <input type="checkbox"/> Tentative Parcel Map | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Site Plan/Architectural Review |
| <input type="checkbox"/> Rezone | <input type="checkbox"/> Lot Merger | <input type="checkbox"/> Appeal |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Sign | <input type="checkbox"/> Other _____ |

PROJECT DESCRIPTION

Project Name _____ Street Address _____
 Assessor's Parcel No. _____ Project Size _____ (Net) _____ (Gross)
 Summary Project Description _____

 _____ (Attach additional sheets as needed.)

PROPERTY OWNER/APPLICANT

Owner _____	Applicant _____
Address _____	Address _____
Phone _____	Phone _____
Developer _____	Architect/Engineer _____
Address _____	Address _____
Phone _____	Phone _____

I hereby certify that the above information and accompanying documents are true and accurate to the best of my knowledge and acknowledge that the processing of this application may require additional fees and expenses for the preparation of necessary environmental documentation and planning studies. I certify that I have reviewed the current Hazardous Waste and Substances Site List developed pursuant to AB 3750 and found that my project is not on the list is on the list. A copy of the list is on file at the Community Development Department.

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT SIGNATURE OF LEGAL OWNER OR OFFICIAL AGENT.

Property Owner Signature _____ Date _____
 Applicant Signature _____ Date _____

DEPARTMENT USE ONLY

Application No. _____ Fee _____
 Received by _____ Date _____