CITY OF WHEATLAND

111 C Street, Wheatland, CA 95692 **Phone: 530-633-2761 Fax: 530-633-9102**

UNIVERSAL PLANNING APPLICATION FORM

DATE: _____

APPLICAT NAME: _____

MAILING ADDRESS: _____
_____

TELEPHONE NUMBER(S): _____

PROJECT NAME (IF APPLICABLE): _____

PROJECT ADDRESS: _____

ASSESSOR'S PARCEL #: _____

EXISTING ZONNING/GENERAL PLAN CATEGORIES: _____/_____

PROPOSED ZONING/GENERAL PLAN CATRGORIES: _____/_____

APPLICATION TYPE **(PLEASE CHECK)**

____ VARIANCE

____ CONDITIONAL USE PERMIT

____ GENERAL PLAN AMENDEMENT

____ ZONING AMENDMENT

____ APPEAL

____ TENTAIVE PARCEL MAP

____ TENATIVE SUBDIVSION

____ LOT LINE ADJUSTMENT
(LOT LINE ADJUMENT # _____)

____ ARCHITECTURAL REVIEW

DESCRIPTION OF APPLICATION/PROJECT: _____
_____
_____

SIGNATURE OF OWNER OR AUTHORIZED AGENT: _____
DATE: _____

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FOR OFFICE USE ONLY

RECEIPT NO._____ **FEE**_____

DATE FILED_____ **DEPOSIT**_____

DATE OF COMPLETE APPLICATION _____ **DATE OF ACTION**_____