



CITY OF YORBA LINDA

UNIFORM APPLICATION

COMMUNITY DEVELOPMENT DEPARTMENT-PLANNING

FILE NO. _____

APPLICANT INFORMATION

Project Street Address	City	State	Zip Code
Applicant's Name	(H)	Telephone	(W)
Applicant's Street Address	City	State	Zip Code
Owner's Name	(H)	Telephone	(W)
Owner's Street Address	City	State	Zip Code
Email Address			

APPLICATION(S) REQUESTED

<input type="checkbox"/> ADMINISTRATIVE ADJUSTMENT	<input type="checkbox"/> CONDITIONAL USE PERMIT	<input type="checkbox"/> DESIGN REVIEW
<input type="checkbox"/> GENERAL PLAN ADMENDMENT	<input type="checkbox"/> LOT LINE ADJUSTMENT	<input type="checkbox"/> SECOND STORY PERMIT
<input type="checkbox"/> SIGN REQUEST	<input type="checkbox"/> TENTATIVE PARCEL MAP	<input type="checkbox"/> TENTATIVE TRACT MAP
<input type="checkbox"/> SECOND UNIT REQUEST	<input type="checkbox"/> VARIANCE	<input type="checkbox"/> ZONE CHANGE

Note: Land use applications are determined by the applicable final review authority (i.e., Zoning Administrator, Planning Commission, or City Council). Preliminary determinations, recommendations or opinions of staff do not guarantee a particular result on an application.

PROJECT INFORMATION

<u>Assessor Parcel Number</u>	<u>Lot and Tract Number</u>	<u>General Plan/Zoning Classification</u>
Full Description of Proposed Project:		
Related Files (if any):		

OWNER CERTIFICATION

I certify that I am presently the legal owner for the above described property. Further, I acknowledge the filing of this application and certify that all of the above information is true and accurate. Agent or owner must attach a letter of authorization from the legal owner.

DATE _____ SIGNATURE _____

PRINT NAME _____

HOME OWNER'S ASSOCIATION

The (property owner[s]/representative[s]) has/have notified the Homeowners' Association regarding the proposal, and the proposal is in compliance with the Covenants, Conditions, and Restrictions (CC&Rs) applicable to the property.

The property is not subject to Covenants, Conditions, and Restrictions (CC&Rs) nor is approval required by a Homeowners' Association.

DATE _____ SIGNATURE _____

PRINT NAME _____

OFFICE USE ONLY

Date Rec'd	Rec'd By	PC Meeting Date	Fees Rec'd	CEQA Status	CEO Action