



# Planning Application Form

FOR INTERNAL USE ONLY

Case No.: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Project Planner: \_\_\_\_\_

Application Applied For: (check boxes)

<b>MAJOR APPLICATIONS*</b>	<b>MINOR APPLICATIONS</b>
<input type="checkbox"/> Annexation <input type="checkbox"/> Condominium Housing Permit <input type="checkbox"/> General Plan Amendment <input type="checkbox"/> Minor Use Permit <input type="checkbox"/> Planned Residential Development <input type="checkbox"/> Plot Plan <input type="checkbox"/> Tentative Parcel Map <input type="checkbox"/> Site Development Plan <input type="checkbox"/> Special Use Permit <input type="checkbox"/> Specific Plan <input type="checkbox"/> Specific Plan Amendment <input type="checkbox"/> Substantial Conformance <input type="checkbox"/> Tentative Subdivision Map <input type="checkbox"/> Variance <input type="checkbox"/> Zone Change	<input type="checkbox"/> Alcohol Related Minor Use Permit <input type="checkbox"/> Banner Permit <input type="checkbox"/> Boundary Adjustment <input type="checkbox"/> Comprehensive Sign Program <input type="checkbox"/> Early Design Review <input type="checkbox"/> Large Family Day Care Home <input type="checkbox"/> Operational Use Permit <input type="checkbox"/> Operational Use Permit for Water Vending Machines <input type="checkbox"/> Pre-Application Meeting <input type="checkbox"/> Seasonal Use Permit <input type="checkbox"/> Sign Permit <input type="checkbox"/> Small Wireless Facilities <input type="checkbox"/> Temporary Use Permit <input type="checkbox"/> Temporary Use Permit - Admin

**\*PLEASE CALL (760) 639-6100 FOR AN APPOINTMENT WITH A PLANNER PRIOR TO SUBMITTAL OF A MAJOR APPLICATION. DEVELOPMENT AND MAP APPLICATIONS WILL BE ACCEPTED BY APPOINTMENT ONLY. SUBMITTAL APPOINTMENT: \_\_\_\_\_**

Property Owner:  
 Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State Zip \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email \_\_\_\_\_

Applicant:  
 Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State Zip \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_ City State Zip \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_

Brief Project Description:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Property Description:  
 Address \_\_\_\_\_ Zone \_\_\_\_\_  
 Location \_\_\_\_\_ Assessor's Parcel No. \_\_\_\_\_

Signatures

I/We declare under penalty of perjury that the foregoing is true and correct. I/We realize that this application will be evaluated based on the data I/we are submitting.

Signature of Applicant or Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name of Applicant or Property Owner: \_\_\_\_\_

**NOTE: If the project applicant is not the property owner, a letter of authorization from the property owner must be submitted to the City of Vista. Proof of ownership is required.**