



GENERAL APPLICATION FORM
 (SUBMITTED WITH ALL APPLICATIONS)
 City of King City * Community Development Department
 212 S. Vanderhurst Avenue * King City, CA 93930
 831.385.3281(phone) * 831.386-5968 (fax)

Date Application Submitted:
 Date shall be stamped
 as received by City Hall staff

Type of Application: NEW AMENDMENT (PLEASE PROVIDE DATE OF PREVIOUS APPROVAL)

<input type="checkbox"/> Pre-Application Review (PRE-APP)	<input type="checkbox"/> General Plan Amendment (GPA)	<input type="checkbox"/> Development Agreement (DA)
<input type="checkbox"/> Sign Permit (SN)	<input type="checkbox"/> Change of Zone (ZC) <input type="checkbox"/> Pre-Zoning (PZ)	<input type="checkbox"/> Memorandum of Understanding (MOU)
<input type="checkbox"/> Landscape Permit (LP)	<input type="checkbox"/> Planned Development (PD)	<input type="checkbox"/> Annexation
<input type="checkbox"/> Conditional Use Permit (CUP)	<input type="checkbox"/> Tentative Tract Map (TM) <input type="checkbox"/> Vesting Tentative Tract Map (VTM)	<input type="checkbox"/> Sphere of Influence Amendment (SOI)
<input type="checkbox"/> Architectural Review (AR)	<input type="checkbox"/> Parcel Map (PM)	<input type="checkbox"/> Specific Plan (SP)
<input type="checkbox"/> Variance (VAR)	<input type="checkbox"/> Lot Line Adjustment (LLA)	<input type="checkbox"/> Planning Commission or City Council Interpretation
<input type="checkbox"/> Plot Plan Review (PPR)	<input type="checkbox"/> Home Occupation Permit (HOP)	<input type="checkbox"/> Other Application(s):

Applicant Name: _____ Telephone No.: _____

Business/Organization Name: _____ Fax No.: _____

Mailing Address: _____ email: _____

Architect/Engineer/Representative: _____ Telephone No.: _____

PROJECT SPECIFIC INFORMATION

Property Owner Name: _____ Assessor Parcel Number(s): _____

Project Location/Address: _____ Existing Use(s): _____

Existing Zoning: _____ Existing General Plan Designation: _____

Adjacent General Plan Designations: N _____ S _____ E _____ W _____

Adjacent Zoning: N _____ S _____ E _____ W _____

Adjacent Uses: N _____ S _____ E _____ W _____

The undersigned applicant affirms that all information contained with this application is true and accurate and that the applicant is authorized to make such application to the City of King. Additionally, the undersigned applicant understands and agrees that the application fee is a deposit and the application is processed on a time and materials basis. By signing this application, the undersigned applicant agrees to all statutory processing time periods (e.g., Permit Streamlining Act) and understands that if the deposit is depleted and an additional deposit is not made to the City Finance Department, the City will suspend processing the application until said deposit is made with the City Finance Department.

Applicant Signature: _____ **Date:** _____

Title: _____

If the applicant is not the property owner, the property owner must either sign below or provide written authorization for the applicant to act on his/her behalf.

Property Owner (Please Print): _____ **Date:** _____

Property Owner Signature _____

Please refer to the *City Fee Schedule* and project specific *Checklist* for additional submittal requirements.