



CITY OF SAN JUAN BAUTISTA

P.O. Box 1420, 311 Second Street
San Juan Bautista, CA 95045

PLANNING DEPARTMENT

Phone: (831) 623-4661

Fax: (831) 623-4093

PROJECT DESCRIPTION

Name of Project Applicant: _____

Mailing Address: _____ Phone: _____

Name of the project: _____

Project location (address and/or Assessor's Parcel Number(s): _____

Size of project site (acreage): _____

Existing General Plan Land Use Designation: _____

Existing Zoning Designation: _____

Describe the existing land use(s) of the site: _____

Describe the existing land use of properties surrounding the site: _____

Describe the proposed land use(s)/Project: _____

For residential uses, indicate the number, type, and size of the units: _____

For proposed use, the estimated number of employees, and the hours of operation: _____

List and describe any other permits or public approvals required for this project, including those required by city, regional, state, and federal agencies: _____

Please describe the proposed scheduling and implementation of the project:_____

Please provide any additional relevant information that can assist in the processing of this application:_____
