



**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

**PLANNING APPLICATION COVER PAGE**

**TYPE OF APPLICATION (CHECK ALL THAT APPLY).**

- Historic Resource Design Review
  - Informal Project Review
  - Major Projects
  - Minor Projects
- Design Review
  - Informal Project Review
  - Major Projects
  - Minor Projects
  - Sign Permit
- Conditional Use Permit/Amendment
- Tentative Map Major
- Tentative Map Minor
- Planning Unit Development
- Annexation
- Urban Growth Boundary
- Rezoning / Pre-zoning
- General Plan Amendment
- Zoning Text Amendment
- Certificate of Compliance
- Lot Line Adjustment
- Secondary Dwelling Unit
- Variance
- Permit Amendment
- Appeal
- Other \_\_\_\_\_

**Applicant(s):**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

**Property/Land Owner(s):**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Name and mailing address of property owner's or applicant's duly authorized agent who is to be furnished with notice of hearing (Section 65091 – California Government Code):**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

**Project Address/Location:** \_\_\_\_\_

**Most Current Assessor's Parcel Number:** \_\_\_\_\_

<b>For Office Use Only:</b>		
Date Application Submitted _____	Deposit Collected \$ _____	Date _____
Date Application Complete _____	Billing Number _____	
File Number(s) _____		