



# City of Reedley

Community Development Department  
 1733 Ninth Street  
 Reedley, CA 93654  
 (559) 637-4200  
 FAX 637-2139

**MASTER APPLICATION FORM #:** \_\_\_\_\_

**Check all that apply:**

<input type="checkbox"/> Plan Amendment	<input type="checkbox"/> Tentative Subdivision Map	<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> CUP Amendment
<input type="checkbox"/> Rezone	<input type="checkbox"/> Tentative Parcel Map	<input type="checkbox"/> Site Plan Review	<input type="checkbox"/> SPR Amendment
<input type="checkbox"/> Text Amendment	<input type="checkbox"/> Lot Line Adjustment	<input type="checkbox"/> Administrative Review	<input type="checkbox"/> Minor Deviation
<input type="checkbox"/> Annexation	<input type="checkbox"/> Voluntary Merger	<input type="checkbox"/> Variance	<input type="checkbox"/>

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

Project Address: \_\_\_\_\_ APN: \_\_\_\_\_

Project Description (attach additional pages if necessary):  
 \_\_\_\_\_  
 \_\_\_\_\_

Zoning Designation: \_\_\_\_\_ General Plan Designation: \_\_\_\_\_

List all previously approved and/or pending entitlement, associated with this project/site (provide application number(s)). \_\_\_\_\_

**Please read carefully before signing or filing.**

Submission of this application does not imply approval of this permit by the Community Development Department. Application approval will become null and void if it is determined that approval was based on omissions or inaccurate information submitted by the applicant. Application approval is based upon the "Required Findings", pursuant to the Reedley Municipal Code, Title 10, Zoning Regulations.

**Primary Contact, check all that apply:**  Applicant  Owner  Agent/Representative

Applicant \_\_\_\_\_

Applicant Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Day Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Property Owner \_\_\_\_\_

Property Owner Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Day Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Agent/Representative \_\_\_\_\_

Agent/Representative Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Day Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

APPLICANT: I verify that I am submitting all the required materials on this checklist and I acknowledge that failure to comply with these requirements may result in my application not being accepted and/or may extend the length of time needed to review this project.

\_\_\_\_\_  
 Signed Date