



Planning Application Form

FOR INTERNAL USE ONLY

Case No.: _____

Date Submitted: _____

Project Planner: _____

Application Applied For: (check boxes)

MAJOR APPLICATIONS*	MINOR APPLICATIONS
<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"/> Sidewalk Vending Operator's 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:

*Does your housing project meet specific criteria under SB35 – Streamlined Approval? Yes ___ No ___
 (If you answered "Yes", provide detailed information showing eligibility for streamlined approval under Government Code § 65913.4.)*

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.