

# Planning Application

## PJR-001

**Application Type(s):**

- |  |   |   |                                       |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Admin Cert. Compliance          | <input type="checkbox"/> Design Review Admin.   | <input type="checkbox"/> Minor Subdivision            | <input type="checkbox"/> Use Permit   |
| <input type="checkbox"/> Ag. Or Timber Preserve/Contract | <input type="checkbox"/> Design Review Full     | <input type="checkbox"/> Voluntary Merger             | <input type="checkbox"/> Variance     |
| <input type="checkbox"/> Conditional Cert. of Compliance | <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Ordinance Interpretation     | <input type="checkbox"/> Zone Change  |
| <input type="checkbox"/> Cert. of Modification           | <input type="checkbox"/> Lot Line Adjustment    | <input type="checkbox"/> Second Unit Permit           | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Coastal Permit                  | <input type="checkbox"/> Major Subdivision      | <input type="checkbox"/> Specific/Area Plan Amendment | _____                                 |
| <input type="checkbox"/> Zoning Permit for: _____        |   |   |                                       |

File # \_\_\_\_\_

**By placing my contact information (name, address, phone number, email address, etc.) on this application form and submitting it to Sonoma County PRMD, I understand and authorize PRMD to post this application to the internet or public information purposes, including my contact information.**

PRINT CLEARLY					
APPLICANT			OWNER (IF OTHER THAN APPLICANT)		
Name			Name		
Mailing Address			Mailing Address		
City	State	Zip	City	State	Zip
Day Ph ( )	Email		Day Ph ( )	Email	
Signature		Date	Signature		Date
OTHER PERSONS TO BE NOTIFIED (If listed they must sign application form)					
Name/Title			Name/Title		
Mailing Address			Mailing Address		
City	State	Zip	City	State	Zip
Day Ph ( )	Email		Day Ph ( )	Email	
Signature		Date	Signature		Date
PROJECT INFORMATION					
Address(es)				City	
Assessor's Parcel Number(s)					
Project Description _____					
_____					
_____					
Acreage			Number of new lots proposed		
Site Served by Public Water? <input type="checkbox"/> Yes <input type="checkbox"/> No			Site Served by Public Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY PRMD STAFF					
Planning Area		Supervisory District		Longitude	
Current Zoning					
General Plan Land Use			Specific/Area Plan		
S.P. Land Use			Violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		File No.
Application resolve planning violation? <input type="checkbox"/> Yes <input type="checkbox"/> No			Penalty application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Files					
Application accepted by				Date	
Approved by				Date	