



PLANNING APPLICATION



COMMUNITY DEVELOPMENT DEPARTMENT • PLANNING DIVISION • 345 N. EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8266
www.stocktongov.com/planningpermits

APPLICATION REQUEST

- | | | |
|---|--|---|
| <input type="checkbox"/> Administrative Exception, Waiver, Interpretation | <input type="checkbox"/> Environmental Review | <input type="checkbox"/> Specific Plan/Amendment |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Street Name Change |
| <input type="checkbox"/> Appeal to Planning Commission | <input type="checkbox"/> Land Development Permit | <input type="checkbox"/> Temporary Activity Permit |
| <input type="checkbox"/> Certificate of Appropriateness | <input type="checkbox"/> Large-Family Child Care Home | <input type="checkbox"/> Tentative Map/Tentative Parcel Map |
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Master Development Plan/Amendment | <input type="checkbox"/> Tentative Map Vesting |
| <input type="checkbox"/> Condominium Conversion | <input type="checkbox"/> Planned Development Permit | <input type="checkbox"/> Time Extension |
| <input type="checkbox"/> Density Bonus | <input type="checkbox"/> Pre-Application | <input type="checkbox"/> Use Permit |
| <input type="checkbox"/> Design Review | <input type="checkbox"/> Precise Road Plan/Amendment | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Rezone / Prezone | <input type="checkbox"/> Zoning Compliance Letter |
| <input type="checkbox"/> Development Code Amendment | <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Other _____ |

PROPERTY LOCATION

Address: _____

Zoning District: _____ Assessor's Parcel No.: _____ Historic Landmark (?): _____

STATEMENT OF INTENT / PROJECT DESCRIPTION

(Provide a detailed description of the project below or on a separate attachment.)

APPLICANT

Name: _____ E-mail: _____

Address: _____ Phone 1: _____

City: _____ State: _____ Zip: _____ Phone 2: _____

PROPERTY OWNER (if different than Applicant)

Name: _____ E-mail: _____

Address: _____ Phone 1: _____

City: _____ State: _____ Zip: _____ Phone 2: _____

OFFICE USE ONLY

HABITAT PLAN

- _____ Not subject to
- _____ May be subject to

AIRPORT LAND USE COMMISSION

- Review required?
- YES NO

REGIONAL CONGESTION MANAGEMENT PROGRAM

- Review required?
- YES NO

Date Rec'd: _____

Processed by: _____

P#

