

Permits Plus Case No.: _______

	(To be completed by County Staff)			/ Staff)
1.	Assessor Parcel Number	rs(s):	Area (Acr	es/Sq. Ft.)
	a0			
	b0			
	c0			
	d0			
	e0			
2.	General Plan:	Existing:		Proposed:
	Countywide Goals, Policie	s and Programs:		
	Land Use Map (Fig):		_	
	Exist. Com. Map (Fig):		- <u> </u>	
	Figure:			
	Area Plan		_:	
	Land Use Map (Fig):			
	Figure:			

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	APN/Area:	Existing:	Proposed:			
4.	Proposed use of the property ¹ : (Please include the number of dwellings if a residential use.)					
5.	Reason/Justification for Requested Change: (Please attach additional pages if necessary.)					
6.	Anticipated Land Use	Permits (e.g., Tract Map o	r Conditional Use Permit):			

¹ It is recommended that your responses to questions 4 and 5 also be included in your letter to the Board of Supervisors that will be filed with this questionnaire.

7.	Existing Land Uses and Structures on the Site:
8.	Existing Vehicular Access (e.g., driveways or private roads) to the Site:
9.	Existing and Proposed Water Supply (i.e., wells or private/public water company):
10.	Existing and Proposed Sanitation (i.e., septic system, on-site sewage treatment plant, community sewage treatment plant):
11.	Existing and Proposed Drainage/Flood Control Facilities:

12.	Existing Easements/Restrictive Covenants/LCA Contracts:			
13.	Land Uses and Structures on Surrounding Properties:			
	Northerly:			
	Northeasterly:			
	Easterly:			
	Southeasterly:			
	Southerly:			
	Southwesterly:			
	Westerly:			
	Northwesterly:			
Prep	epared By:			
Signa	nature	Date		
Print	nt Name			