

DEVELOPMENT APPLICATION



APPLICANT	
Name:	_____
Address:	_____
City/Zip:	_____
Phone:	_____
Cell Phone:	_____
Fax:	_____
E-mail:	_____

PROPERTY OWNER	
<input type="checkbox"/> Same as Applicant	
Name:	_____
Address:	_____
City/Zip:	_____
Phone:	_____
Cell Phone:	_____
Fax:	_____
E-mail:	_____

REPRESENTATIVE	
<input type="checkbox"/> Same as Applicant	
Contact:	_____
Address:	_____
City / Zip:	_____
Phone:	_____
Cell Phone:	_____
Fax:	_____
E-mail:	_____

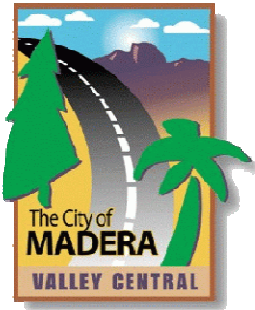
<input type="checkbox"/> Annexation	ANX	
<input type="checkbox"/> Conditional Use	CUP	
<input type="checkbox"/> Determination of Use	DU	
<input type="checkbox"/> General Plan Amend	GPA	
<input type="checkbox"/> Home Occupation	HOP	
<input type="checkbox"/> Lot Line Adjustment	LLA	
<input type="checkbox"/> Ordinance Text Amend	OTA	
<input type="checkbox"/> Precise Plan	PPL	
<input type="checkbox"/> Prelim Project Review	PPR	
<input type="checkbox"/> Rezoning	REZ	
<input type="checkbox"/> Site Plan Review	SPR	
<input type="checkbox"/> Specific Plan	SPL	
<input type="checkbox"/> Tentative Parcel Map	TPM	
<input type="checkbox"/> Tentative Subdiv Map	TSM	
<input type="checkbox"/> Temp Use of Land	TUP	
<input type="checkbox"/> Variance	VAR	
<input type="checkbox"/> Zoning Administrator	ZAP	
<input type="checkbox"/> Environmental Fee	ENV	
<input type="checkbox"/> Fish & Game Fee	(Paid Separately)	
<input type="checkbox"/> To Be Determined		
<input type="checkbox"/> Not Applicable		
<input type="checkbox"/> Other		
TOTAL		\$

APPLICATION FEES are NON-REFUNDABLE.

PROJECT DESCRIPTION	
Address: _____	APN: _____
Current General Plan: _____	Proposed General Plan: _____
Current Zone: _____	Proposed Zone: _____
Current Use: _____	Building Use Valuation: \$ _____
Proposed Use: _____	

DECLARATION OF OWNERSHIP / LEGAL AGENCY	
I, _____, am the owner of the property described in this application and hereby authorize,	
Print Owner Name	
_____, to act on my behalf on matters pertaining to this application.	
Print Applicant / Representative Name	
_____	_____
Property Owner's Signature	Date
Note: If more than one owner, a separate page must be attached listing the names and addresses of all persons (If a corporation, list officers and principals) having interest in the property ownership.	

SIGNATURE(S) – BOTH SIGNATURES ARE REQUIRED	
The information provided in this application is true and accurate to the best of my knowledge.	
_____	_____
Applicant's Signature	Date
_____	_____
Property Owner's Signature (if different from applicant)	Date



PLANNING DEPARTMENT OPERATIONAL STATEMENT CHECKLIST

It is important that the operational statement provides for a complete understanding of your proposal. The statements that you submit **must address all** of the following **that apply** to your proposal.

Your operational statement **must be** typed or written in a **legible** manner in the spaces provided. Answer all statements that apply to your business. **Those that do not apply, enter "N/A"**. Use additional sheets if necessary.

Business Name _____

Business Address _____

APN: _____ **(For your APN, Please call the Madera County Assessor's Office at (559) 675-7710.)

1. Nature of the operation – What do you propose to do? **PLEASE DESCRIBE IN DETAIL**

2. What products will be produced by the operation? _____

3. What is the existing use of your property? _____

4. What are the surrounding land uses on the North, South, East and West? _____

5. List the hours of operation: _____ Number of Days per Week: _____

If Seasonal, list the months of operation: _____

6. Number of Customers or Visitors per day: _____ Maximum per Day: _____

During what hours will customers visit your property? _____

7. Number of current employees **(including self)**: _____ Future employees **(not counting current)**: _____

Will any live on site **(including self)**? YES [] NO []

8. Are any goods to be sold on site? YES [] NO []

If yes, are these goods grown or produced on site or at some other location? _____

Describe products being offered for sale: _____

9. Number and type of service or delivery vehicles: _____

10. What equipment is used? If appropriate, provide pictures or a brochure. _____

11. Will the operation or equipment used generate noise above existing levels in the area? YES [] NO []

If yes, explain _____

12. Describe the supplies or materials used and how they will be stored: _____

13. Will hazardous materials or waste be produced as part of this business? YES [] NO []

If yes, explain _____

14. Will the existing buildings be used or will a new building be constructed? _____

15. Explain which building(s) or what portion of the building(s) will be used in your operation: _____

16. Please include any other information that will provide a clear understanding of your business or operation:

Applicant's Signature

Date