



March Joint Powers Authority
Planning Department
P.O. Box 7480
Moreno Valley, CA 92552
(951) 656-7000
(951) 653-5558 FAX

PROJECT APPLICATION

No.:

Application must be complete (all spaces filled in including General Information and Development Standards) to be accepted.

TYPE OF APPLICATION

(One Application Form Required for Each Type of Application)

- | | | |
|---|---|---|
| <input type="checkbox"/> Administrative Plot Plan | <input type="checkbox"/> Development Code Amendment | <input type="checkbox"/> Specific Plan |
| <input type="checkbox"/> Administrative Variance | <input type="checkbox"/> Extension of Time | <input type="checkbox"/> Tentative Parcel Map |
| <input type="checkbox"/> Amended Plot Plan | <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Tentative Tract Map |
| <input type="checkbox"/> Change of Zone | <input type="checkbox"/> Modifications to COA's | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Plot Plan | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Pre-Application Review | <input type="checkbox"/> Other _____ |

APPLICATION INFORMATION

Project/Business Name (if any):

Project Description:

Property Address/Location:

Assessor's Parcel Number(s):

Gross Area:	Net Area:	Proposed # of Lots:	Proposed # of Residential Units:
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Related Application(s):

Redevelopment Area: Yes No Specific Plan Name/No. (if applicable):

CONTACT PERSONS

APPLICANT Name: Telephone: ()

Address: Fax No. ()

City: State: Zip: E-mail Address:

Contact Person:

OWNER Name: Telephone: ()

Address: Fax No. ()

City: State: Zip: E-mail Address:

Contact Person:

REPRESENTATIVE Name: Telephone: ()

Address: Fax No. ()

City: State: Zip: E-mail Address:

Contact Person:

APPLICATION CONTINUES ON REVERSE

GENERAL INFORMATION

Existing Zoning and General Plan Designation

Proposed Zoning and General Plan Designation (if applicable)

Existing Uses and/or Structures on Site

Surrounding Uses: North _____

South _____

East _____

West _____

DEVELOPMENT STANDARDS

(not applicable to General Plan Amendment/Change of Zone/Specific Plan or Development Agreement)

DEVELOPMENT STANDARDS		PROPOSED	REQUIRED
Minimum Lot Size (Sq. Ft.):			
Total Building Size (Sq. Ft.):			
Residential Dwellings Per Adjusted Net Acre (excluding exterior boundary streets):			
Setbacks: Front			
Side (interior)			
Side (street side)			
Rear			
Maximum Building Height:			
Total No. of Parking Stalls:	Standard		
	Handicapped		

APPLICATION PROCESSING

Each application must be submitted with the required processing fee and all applicable submittal requirements. Additional information or materials may be needed before an application is accepted as complete. An incomplete application may be closed if it remains inactive for 180 days or more.

OWNER'S SIGNATURE

I, _____ am the owner of the property described in this application and hereby authorize
Print Name

_____ to act on my behalf on matters pertaining to this application.
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.

APPLICANT'S SIGNATURE

IMPORTANT: I certify under penalty of perjury that all the foregoing information is true and correct, and recognize that any false or misleading information shall be grounds for denying this application.

Applicant's Signature

Date