



CITY OF FULLERTON COMMUNITY DEVELOPMENT DEPARTMENT

303 W. Commonwealth Ave. ♦ Fullerton ♦ CA ♦ 92832 ♦ (714) 738-6550 or (714) 773-5773

Master Application Form

1. Address (location) of property:

2. Submitted by:

Property owner: _____

Applicant: _____

Mailing address: _____

Mailing address: _____

City, State, Zip Code _____

City, State, Zip Code _____

Phone number: _____

Phone number: _____

Email address: _____

Email Address: _____

3. Property owner authorization for applicant (Signature must be notarized)

I hereby authorize the above listed applicant to act as my representative.

Signature of Property Owner

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

4. Notarization

STATE OF CALIFORNIA)
) ss.
COUNTY OF _____)

On _____, before me, _____, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct

WITNESS my hand and official seal.

Notary Seal

Signature of Notary Public

5. All required plans and documents attached.

6. Planning Action Description/Justification form attached.

FOR OFFICE USE ONLY

Date Filed:		Types of Applications	
General Plan Designation:			
Zoning Designation:		<input type="checkbox"/> Abandonment	<input type="checkbox"/> Specific Plan
Preliminary CEQA Determination:		<input type="checkbox"/> Certificate of Compliance	<input type="checkbox"/> Tentative Parcel Map
Project Planner:		<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Tentative Tract Map
APN(s)		<input type="checkbox"/> General Plan Revision	<input type="checkbox"/> Variance
Application Number(s)		<input type="checkbox"/> Historical Landmark	<input type="checkbox"/> Minor Exception
		<input type="checkbox"/> Major Site Plan Review	<input type="checkbox"/> Zone Amendment
		<input type="checkbox"/> Minor Site Plan Review	<input type="checkbox"/> Other
		<input type="checkbox"/> PRD Concept	<input type="checkbox"/> _____