

# APPLICATION & PERMIT

**CITY OF SAN JOAQUIN**  
Planning Commission  
P.O. Box 758  
San Joaquin, CA 93660  
(209) 693-4311

- GENERAL PLAN AMENDMENT
- REZONING
- CONDITIONAL USE PERMIT
- OTHERS: \_\_\_\_\_
- VARIANCE     SETBACK
- ENVIRONMENTAL REVIEW
- SITE PLAN REVIEW

|                                |
|--------------------------------|
| Number _____                   |
| Date _____                     |
| Fee _____ Penalty _____        |
| Receipt No. _____              |
| Date of Action _____           |
| Staff _____ P/C _____ CC _____ |
| Approved _____ Denied _____    |
| M.O. No. _____                 |
| Date of Appeal _____           |
| Approved _____ Denied _____    |

**PLEASE PRINT**

Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (    ) \_\_\_\_\_  
 Property Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (    ) \_\_\_\_\_

SITE PLAN: Show property boundaries, all structures (existing and proposed), access to the property, etc.

**THIS APPLICATION IS FOR THE FOLLOWING**

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. Rng \_\_\_\_\_ E.  
 Tax Parcel No. \_\_\_\_\_  
 Subdivision Name \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Intended Use \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The foregoing information is true and correct to the best of my knowledge and belief.  
The applicant and property owner hereby acknowledge the requirements as set forth in San Joaquin Zoning Ordinance and agree to comply with all City and State Laws. (BOTH MUST SIGN)

**SIGNATURE OF APPLICANT X** \_\_\_\_\_ **SIGNATURE OF PROPERTY OWNER X** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

CONDITIONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|                         |
|-------------------------|
| CC _____                |
| AREA _____ acres        |
| ZONE _____              |
| ZONE REQUESTED _____    |
| GP _____                |
| GP REQUESTED _____      |
| BUILDING PERMIT # _____ |
| DATE _____              |

TIME LIMIT: Valid until \_\_\_\_\_, 19 \_\_\_\_\_.

**Permits and variances become void if not used within one year of the date of approval.**

**AUTHORIZED SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_ 19 \_\_\_\_\_

Distribution after finalization:

WHITE - File    YELLOW - Applicant    PINK - Building