

CITY OF FERNDALE
PLANNING DEPARTMENT

STANDARD APPLICATION FORM

Please provide the following information as it applies to your application. For questions, call 786-4224.

1. Type of Application

Date: _____

<input type="checkbox"/>	Bed & Breakfast Inn
<input type="checkbox"/>	Design Review Use Permit
<input type="checkbox"/>	Exception to Development Standards
<input type="checkbox"/>	Home Occupation Permit
<input type="checkbox"/>	Lot Line Adjustment
<input type="checkbox"/>	Merger

<input type="checkbox"/>	Major Subdivision (5 parcels or more)
<input type="checkbox"/>	Minor Subdivision (4 parcels or less)
<input type="checkbox"/>	Second Dwelling Unit
<input type="checkbox"/>	Use Permit
<input type="checkbox"/>	Variance
<input type="checkbox"/>	Zoning & General Plan Amendment

2. Name of Property Owner: _____

Address: _____

3. Name of Applicant (if different): _____

Address: _____ Phone: _____

4. Property Location: _____

Assessor Parcel Number(s): _____

Description: _____

Lot Area: _____

5. Present Use of Property: _____

Present Zoning: _____

6. Description of Proposed Project: _____

Filing Fee: A filing fee of \$_____ has been paid as part of the application. (Refer to Resolution 00-21 for fees and charges for review and processing of development permits.) I hereby certify that to the best of my knowledge the information in this application and all attached exhibits is full, complete and correct, and I understand that any misstatement or omission of the requested information or of any information subsequently requested shall be grounds for denying the application, or suspending or revoking a permit issued on the basis of these of subsequent representations, or for the seeking of such other and further relief as may seem proper to the City.

Signature of Applicant or Agent Date

Authorization of Agent: I hereby authorize _____ to act as my representative and bind me in all matters concerning this application. (Form 121106)

FOR STAFF USE ONLY							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Ap Rec'd		Sent to Comm.		Returned		Ap notified	Project Final