



City of Reedley

Community Development Department
1733 Ninth Street
Reedley, CA 93654
(559) 637-4200
FAX 637-2139

MASTER APPLICATION FORM #: _____

Check all that apply:

<input type="checkbox"/> Plan Amendment	<input type="checkbox"/> Tentative Subdivision Map	<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> CUP Amendment
<input type="checkbox"/> Rezone	<input type="checkbox"/> Tentative Parcel Map	<input type="checkbox"/> Site Plan Review	<input type="checkbox"/> SPR Amendment
<input type="checkbox"/> Text Amendment	<input type="checkbox"/> Lot Line Adjustment	<input type="checkbox"/> Administrative Review	<input type="checkbox"/> Minor Deviation
<input type="checkbox"/> Annexation	<input type="checkbox"/> Voluntary Merger	<input type="checkbox"/> Variance	<input type="checkbox"/>

Project Name: _____

Project Address: _____ APN: _____

Project Description (attach additional pages if necessary):

Zoning Designation: _____ General Plan Designation: _____

List all previously approved and/or pending entitlement, associated with this project/site (provide application number(s)). _____

Please read carefully before signing or filing.

Submission of this application does not imply approval of this permit by the Community Development Department. Application approval will become null and void if it is determined that approval was based on omissions or inaccurate information submitted by the applicant. Application approval is based upon the "Required Findings", pursuant to the Reedley Municipal Code, Title 10, Zoning Regulations.

Primary Contact, check all that apply: Applicant Owner Agent/Representative

Applicant _____

Applicant Address _____

City _____ State _____ Zip _____ Day Phone _____ E-mail Address _____

Property Owner _____

Property Owner Address _____

City _____ State _____ Zip _____ Day Phone _____ E-mail Address _____

Agent/Representative _____

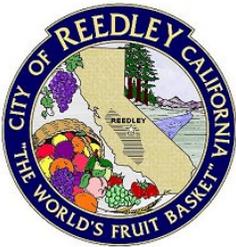
Agent/Representative Address _____

City _____ State _____ Zip _____ Day Phone _____ E-mail Address _____

APPLICANT: I verify that I am submitting all the required materials on this checklist and I acknowledge that failure to comply with these requirements may result in my application not being accepted and/or may extend the length of time needed to review this project.

Signed _____

Date _____



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Operational Statement Template

Our goal is to facilitate an accurate and complete description of your project in order to avoid unnecessary delays in gathering additional information. This is your opportunity to communicate in detail the important characteristics of your project/property that should be to consider when your project is reviewed for completeness. Please use this template as a guide to explaining the scope of your project.

This template will assist you, various City departments and outside agencies, in their review, crafting of comments and conditions. If you have any questions about the requested information or need help completing any portions of this form please call the Community Development Department at (559) 637-4200 ext. 286. This form must be completed and submitted in order to process your application. If this operational statement is not submitted or incomplete, your application will not be accepted for processing.

1. Project Description: _____ application is being submitted by _____ on behalf of _____ and pertains to _____ acres of property located at _____.

2. Operational Narrative: (Describe your proposed operational/development in detail, including information such as name of business, product or service, anticipated traffic and deliveries, and special events, required equipment, on-site storage, demolition or adaptive reuse of existing structures, etc.).

3. List the hours of operation: _____ Number of Days per Week: _____
If Seasonal, list the months of operation: _____

4. Number of Customers or Visitors per day: _____ Maximum per Day: _____
During what hours will customers visit your property? _____

5. Number of current employees: _____ Future employees: _____
Will any live on site? YES / NO

6. Will the operation or equipment used generate noise above existing levels in the area? YES / NO
If yes, explain _____

7. Will hazardous materials or waste be produced as part of this business? YES / NO
If yes, explain _____

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

Applicant's Signature

Date



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Agency Authorization

OWNER:

I, _____, declare as follows:
(Owners Name)

I am the owner of certain real property bearing assessor's parcel number(s) (APN's):

AGENT:

I designate _____, to act as my duly
(Agent's Name) (Please type or print)

authorized agent for all purposes necessary to (list permit type) _____

relative to the property mentioned herein.

DECLARATION:

I declare under penalty of perjury the foregoing is true and correct.

Executed this _____ day of _____, 20_____.

OWNER

AGENT

(Signature of Owner)

(Signature of Agent)

(Owner Mailing Address)

(Agent Mailing Address)

(Owner Telephone)

(Agent Telephone)

APPROVED:

CITY OF REEDLEY

By: _____ Date: _____
(Signature)

(Note: Attach acknowledgment of signatures(s) by Notary Public if executed outside State of California)