

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: \_\_\_\_\_

Bed & Breakfast Inn	Minor Subdivision (4 parcels or less)
Exception to Development Standards	Second Dwelling Unit
Home Occupation Permit	Street Vacate
Lot Line Adjustment	Use Permit
Merger	Use Permit – Design Review
Major Subdivision (5 parcels or more)	Variance
	Zoning & General Plan Amendment

2. Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_ POBox \_\_\_\_\_

3. Name of Applicant (if different): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Property Location: \_\_\_\_\_

Accessor 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 of 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 03-07-05)