

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
Historic District Design Review	Street Vacate
Home Occupation Permit	Use Permit
Lot Line Adjustment	Use Permit – Design Review
Merger	Variance
Major Subdivision (5 parcels or more)	Zoning & General Plan Amendment

2. Name of Property Owner: _____ Phone: _____

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 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 100208)

FOR STAFF USE ONLY							
Full Ap Rec'd		Sent to DR		Returned		Ap notified	
						Project Final	