Pre Application Date:	
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## PLANNING PRE-APPLICATION FORM

I LAMMING I RE-ALI LICATION FORM		
Conditional Use Permit	Parcel Map	
Design Review	Rezoning	
General Plan Amendment	Sign Review	
Business License	Temporary Use Permit	
Lot Line Adjustment	Variance	
Subdivision	Not sure/Other:	
ADDRESS OF APPLICATION SITE		

Street Address:		_
Present Use of Property:		_
Reason for filling this applicat	ion (please give as much information as possible):	
		_
		_
		_
		_
		_
$\mathbf{A}$	PPLICANT'S INFORMATION	
Name:		
Address:		
Daytime Telephone:		
E-mail address:		
	Signature of Applicant Date	

## PRE-APPLICATION REQUIREMENTS

## **REQUIRED**

Application form
Business plan, <u>if applicable</u> (including hours of operation, # of employees, etc.)
DRAFT Site plans & floor plans with dimensions
Photos of the site
Other

Once we have received your complete pre-application, we will schedule your proposal for review by a City of San Pablo Planner. The project Planner will then contact you with a response on your proposal or to ask additional questions in order to make a determination.

We appreciate your business and look forward to working with you on your project. If you have any questions, please contact us at (510) 215-3030. Thank you.

Rev. 3/29/21