



Administrative Approval

Application No. _____

Approval	Approval with Conditions	Denied
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For Office Use Only

Applicant Information

Applicant:		Phone:	
Mailing address:	City:	State:	Zip:
Property Owner:		Phone:	
Mailing address:	City:	State:	Zip:
Agent:		Phone:	
Mailing address:	City:	State:	Zip:

Parking lots

Minor additions to commercial and industrial uses (less than 25 percent of gross floor area and accessory structures) Attach site plan.

Minor Deviation – 20 percent deviation for front yard setback – 10 percent all other standards. Attach site plan

Temporary assembly/entertainment uses, including tent revivals, carnivals, circuses, and similar uses.

Site Plan on additions to multi-family residential, office, commercial, institutional, or industrial uses, where the existing building area is being expanded by less than 25 percent.

Building permits for fences, signs, swimming pools, and accessory structures.

Permit for above/below fuel tanks

Accessory uses on the site of a permitted or conditionally permitted site.

Subject Site Information

Site address or location of property:
Assessor's Parcel Number:
Current Zoning:
Current Land Use

REQUEST: Describe fully the type of use and improvements proposed; how the proposed use and improvements are to be designed and arranged to fit into the development of adjacent property and neighborhood; and why there is a need for such use:

Request:

Property Owners Affidavit

STATE OF CALIFORNIA)
CITY OF TULARE)
COUNTY OF TULARE)

WE,
I, _____ being duly sworn, depose and say that **(we are) (I am)** the owner(s) of the property involved in this application and that **(we) (I)** have been familiarized with the rules and regulations of the City of Tulare with respect to preparing and filing this application and that the foregoing statements and answers contained in this information on the attached map thoroughly and completely to the best of **(our) (my)** ability present the argument in behalf of the application herewith requested and that the statements and information above referred to are in all respect true and correct to the best of **(our) (my)** knowledge and belief.

Telephone: _____

Signed: _____

Approved By: _____ Date: _____
Mark S. Kielty, Director
Planning & Building Department

Redevelopment
Approval By: _____ Date: _____

