



CITY OF SANGER

Planning, Community & Economic Development
1700 7th Street, Sanger, California, 93657
Telephone 559-876-6300 x1540 / Fax 559-876-6323

CONDITIONAL USE PERMIT APPLICATION

CONDITIONAL USE PERMIT FILE NO. _____

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

Applicant's Name: _____ Telephone: _____

Address: _____

Contact Person*: _____ Telephone: _____

Address: _____

***The contact person should be an individual with adequate responsibility for the Project**

Property owner name(s), addresses and telephone number if different from applicant:

Name _____ Address _____

Telephone # _____

A. The applicant requests a Conditional Use Permit to allow: _____

B. Is this project a Planned Development or Planned Unit Development? YES NO

C. Property is located at: _____

D. County tax assessor's parcel number(s): _____

E. Present zoning of parcel: _____

F. Dimensions of Property: _____ Parcel square footage: _____

G. The property's present use: _____

H. State the nature and intensity of the proposed use:

I. State what alterations to the site or buildings are needed for the proposed use:

If you have any questions please contact the City Planner at (559) 876-6300 x1540.

SIGNATURE OF APPLICANT: _____ Date: _____