



CITY OF SANGER

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

DIRECTOR'S REVIEW PERMIT APPLICATION

Applicant: _____ **Co./Corp.** _____

Applicant Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail Address: _____

Property Owner (if other than Applicant): _____

Owner Address: _____

City: _____ State _____ Zip: _____ Phone: _____

E-mail Address: _____

Please indicate if all correspondence is to be sent to: the applicant the property owner other(s)

Description of Request (attach a site plan with the application to show proposed request):

Project Location/Address: _____

General Plan Land Use Designation: _____ **Zone District:** _____

Assessor's Parcel Number(s): _____

APPLICANT / REPRESENTATIVE: I have prepared and reviewed this completed application and the attached materials for its submittal to the City of Sanger. The information provided is accurate. I understand the City may/may not approve this request.

Signature

Date

PROPERTY OWNER / AUTHORIZED AGENT: I have reviewed this completed application and consent to its filing by the applicant/representative. I am aware that a Notarized Letter of Agency may be required to verify property ownership.

Signature

Date

OFFICE USE ONLY

Date Received _____

Project Application #'s _____
