



CITY OF SANGER
Development Services Department
1700 7th Street, Sanger, California, 93657
Telephone 559-876-6300 : Fax 559-876-6323
GENERAL PLAN AMENDMENT
APPLICATION

FILE No. GPA - _____

I. PROJECT INFORMATION: Please type or print the following information:

Applicant's Name: _____ Telephone No.: _____

Address: _____

Contact Person: _____ Telephone No.: _____

Address: _____

(The contact person should be an individual with adequate responsibility for the project to carry out all project negotiations with the City.)

Others to be notified:

Name: _____ Address: _____

Name: _____ Address: _____

II. AMENDMENT REQUEST & JUSTIFICATION

1. Land Use Designation requested: From: _____ to _____
(Provide General Plan Land Use Designations)

2. Request is to redesignate the land use of the property located at: _____

3. County Tax Assessor's Parcel Number (s): _____

4. Dimensions of redesignated area: (width) _____ x (depth) _____

Total Square Footage = _____ sq. ft.

Acreage Amount = _____ acres.

(Provide answers to the following on a separate piece of paper and attach to this application.)

1. Explain why there is a need for the general plan amendment.
2. Explain why the property involved in this application is more suitable for the uses permitted.
3. Explain why the existing general plan land use designation is not appropriate at the location requested for the amendment.
4. Are there other options or alternatives available besides amending the general plan designation.
5. What effect will the proposed general plan amendment have on other properties, circulation, public facilities, and other land use designations?

6. Explain why the uses permitted in the proposed amendment would not be detrimental to surrounding property(ies).
7. Other reasons, needs, or features that would justify the requested general plan amendment.
8. Is there sufficient land available in the vicinity that is currently designated in the same manner proposed by the general plan amendment?

Applicant: Is owner of property described above Yes _____ No _____
 Has power of attorney for owners Yes _____ No _____

If more than one ownership of land is to be amended, obtain the names and signatures of all owners or authorized representatives:

Name: _____ Signature: _____

Name: _____ Signature: _____

SIGNATURE OF APPLICANT: _____ Dated: _____

If you have any questions during the processing of this application, please contact the City Planner in the Development Services Department at (559) 876-6300.

IF YOU REQUIRE ACCOMMODATIONS OR ASSISTANCE TO COMPLETE THIS APPLICATION PROCESS, DUE TO A DISABILITY AS DEFINED BY THE AMERICANS WITH DISABILITIES ACT, PLEASE DESCRIBE THE ACCOMMODATIONS YOU NEED: _____

OFFICE USE ONLY

Date Application Received: _____ Fee: _____

Received by: _____

This is to certify that the foregoing application and Environmental Assessment Information has been submitted for review by the Planning Commission.

Date all required submittals received: _____ By: _____

Other applications filed: _____