



**CITY OF SANGER**  
**Development Services Department**  
**1700 7<sup>th</sup> Street, Sanger, California, 93657**  
**Telephone 559-876-6300 : Fax 559-876-6323**  
**SITE PLAN REVIEW APPLICATION**

FILE No. SPR \_\_\_\_\_

**I. APPLICANT 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.)*

Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Others the applicant desires to have notified of meeting:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**II. PROJECT INFORMATION**

A. Property located at: \_\_\_\_\_

B. Property is zoned: \_\_\_\_\_ Assessor's Parcel No.: \_\_\_\_\_ Parcel Size: \_\_\_\_\_

C. Give a description of the project: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ Dated: \_\_\_\_\_

If you have any questions during the processing of this application, please contact the City of Sanger, 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: \_\_\_\_\_