TEHACHAPI
CALIFORNIA
Live Up.

SPECIFIC PLAN APPLICATION

APPLICANT:

_____ Phone:_____

Mailing Address:_____ Email:_____

City:_____ State:_____ Zip:_____

LEGAL OWNER:

_____ Phone:_____

Mailing Address:_____ Email:_____

City:_____ State:_____ Zip:_____

NAME OF PROJECT:

_____

Assessor Parcel Number(s):_____ Acres/Sq. Ft.:_____

Existing General Plan/Zoning:_____ Existing Land Use:_____

Legal Description:_____

Project Summary:_____

_____

FEES: Actual Cost plus consulting fees if any

By signing, the undersigned certifies that he/she has read and understood the submittal requirements outlined, and that he/she understands that omission of any listed item may cause delay in processing the application. I (we), the undersigned, acknowledge that the information supplied in this application is complete and accurate to the best of my (our) knowledge.

_____ _____

Applicant's signature Property owner's signature

_____ _____

Applicant's printed name Property owner's printed name

_____ _____

Date Date

Revised 05-2021