City of Kerman
Development Application

Community Development Department
850 S. Madera Avenue, Kerman, CA 93630
Office: (559) 550-0829 fax: (559) 846-9348

CONTACT INFORMATION

Applicant

Name: _____
Address: _____
_____
Email: _____
Phone: _____
Cell Phone: _____

Representative ☐ *same as applicant*

Name: _____
Address: _____
_____
Email: _____
Phone: _____
Cell Phone: _____

Property Owner ☐ *same as applicant*

Name: _____
Address: _____
_____
Email: _____
Phone: _____
Cell Phone: _____

APPLICATION TYPE

(check all that apply)

	Application	Abbrev.	Fee
	Annexation	ANX	
	Conditional Use Permit	CUP	
	Classification of Use	COU	
	Density Bonus	DNB	
	Environmental Review	ND / MND	
	General Plan Amendment	GPA	
	Home Occupation Permit	HOP	
	Lot Line Adjustment	LLA	
	Ordinance Amendment	OTA	
	Rezone / Prezone	REZ	
	Site Plan Review	SPR	
	Tentative Parcel Map	TPM	
	Tentative Subdivision Map	TSM	
	Temporary Use Permit	TCUP	
	Variance	VAR	
	Fire Department Review		
	Other:		
		Total	**$**

Application Fees Are Non-Refundable

Project Description

Address: _____ **APN:** _____
Proposed General Plan: _____ **Current General Plan:**_____
Proposed Zone: _____ **Current Zone:** _____

Current Use: _____
_____
Proposed Use: _____
_____

Property Owner / Legal Agency Declaration

I _____, am the **owner** of the property described in this application and hereby authorize,
Print Owner / Legal Agency Name

_____, to act on my behalf on matters pertaining to this application.
Print Applicant / Representative Name

_____ _____
Property Owner / Legal Agency Signature Date

Note: If more than one owner, a separate page must be attached listing the names, contact information, and addresses of all persons. If a corporation, list officers and principals) having interest in the property ownership.

Applicant / Representative Declaration

I _____, hereby declare the information provided in this application is true and accurate to the best of my knowledge.
Applicant / Representative Name

_____ _____
Applicant / Representative Signature Date

Office Use Only

Application Complete: YES NO Date Received:
Fee Received: $