



**CITY OF DUBLIN**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
Planning Application Form

Please discuss your proposal with Planning Staff prior to completing this form. All items on this form related to your specific type of application must be completed. Please print or type legibly. Attach additional sheets, if necessary. Staff strongly encourages you to hold an informational meeting with surrounding property owners and tenants to discuss your project prior to submitting an application for a Conditional Use Permit or Site Development Review. **If you are currently working with a Planner on a Pre-Application project, please schedule an appointment with the Planner prior to submitting your application.**

**I. TYPE OF APPLICATION:**

<input type="checkbox"/> General/Specific Plan Amendment [GPA]	<input type="checkbox"/> Tentative Subdivision Map [TMAP]
<input type="checkbox"/> Rezone [PD REZ or REZ]	<input type="checkbox"/> Lot Line Adjustment [LLA]
<input type="checkbox"/> Conditional Use Permit [CUP]	<input type="checkbox"/> Reversion to Acreage [RTA]
<input type="checkbox"/> Minor Use Permit [MUP]	<input type="checkbox"/> Site Development Review [SDR]
<input type="checkbox"/> Development, Community Benefit or Affordable Housing Agmt.	<input type="checkbox"/> Sign/Site Development Review [SIGN/SDR]
<input type="checkbox"/> Variance [VAR]	<input type="checkbox"/> Master Sign Program [MSP/SDR]

**II. GENERAL DATA**

A. Address/Location of Property: \_\_\_\_\_  
B. Assessor Parcel Number(s): \_\_\_\_\_ C. Site Area: \_\_\_\_\_ D. Zoning: \_\_\_\_\_  
E. General Plan Designation: \_\_\_\_\_ F. Specific Plan Designation: \_\_\_\_\_  
G. Brief Description of Project: \_\_\_\_\_  
H. Existing/Proposed Use of Property: \_\_\_\_\_  
  
I. Within 1,000 feet of a military installation (Camp Parks)? \_\_\_\_\_

**III. AUTHORIZATION OF PROPERTY OWNER AND APPLICANT (Check One)**

**PROPERTY OWNER:** *In signing this application, I, as Property Owner, certify that I have full legal capacity to, and hereby do, authorize the filing of this application. I understand that conditions of approval are binding. I agree to be bound by those conditions, subject only to the right to object at the hearings or during the appeal period. I further certify that the information and exhibits submitted are true and correct. (Note: All Property Owners must sign if property is jointly owned. Provide additional signatures on reverse side.)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT (OTHER THAN PROPERTY OWNER):** *In signing this application, I, as Applicant, certify that I have obtained written authorization from the property owner and have attached separate documentation showing my full legal capacity to file this application. I agree to be bound by the conditions of approval, subject only to the right to object at the hearings or during the appeal period. I further certify that the information and exhibits submitted are true and correct.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IV. STAFF REPORT DELIVERY (Check One)**

*E-mail notification when the Staff Report is available to download from the City's web site. Please provide an e-mail address where we can notify you: \_\_\_\_\_*

*Hardcopy delivered via US Postal Service (Please note that we cannot guarantee delivery prior to the Public Hearing).*

*Pick up the Staff Report at the Planning Department. Please provide a phone number or email address where we can notify you that the Staff Report is available to pick-up: \_\_\_\_\_*

V.

**ADDITIONAL PROPERTY OWNERS AUTHORIZATION**

*In signing this application, I, as Property Owner, certify that I have full legal capacity to, and hereby do, authorize the filing of this application. I understand that conditions of approval are binding. I agree to be bound by those conditions, subject only to the right to object at the hearings or during the appeal period. I further certify that the information and exhibits submitted are true and correct.*

**PROPERTY OWNER:**

Name(s): \_\_\_\_\_ Title(s): \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (   ) \_\_\_\_\_  
Email: \_\_\_\_\_ Fax #: (   ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**PROPERTY OWNER:**

Name(s): \_\_\_\_\_ Title(s): \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (   ) \_\_\_\_\_  
Email: \_\_\_\_\_ Fax #: (   ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**PROPERTY OWNER:**

Name(s): \_\_\_\_\_ Title(s): \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (   ) \_\_\_\_\_  
Email: \_\_\_\_\_ Fax #: (   ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**PROPERTY OWNER:**

Name(s): \_\_\_\_\_ Title(s): \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (   ) \_\_\_\_\_  
Email: \_\_\_\_\_ Fax #: (   ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_