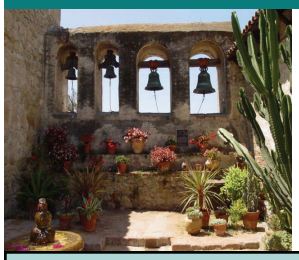
Print Form

CITY OF SAN JUAN CAPISTRANO



Planning Division
32400 Paseo Adelanto
San Juan Capistrano, CA 92675
(949) 443-6331
www.sanjuancapistrano.org

For City Staff Use Only	
Case File #: PA	Date submitted:
Project Manager:	Application received by:
Fee:	

PRE-APPLICATION/CONSULTATION

Submission requirements:

- **Letter of Intent describing the project;**
- **Eight (8) sets of folded plans/maps;**
- **Processing Fee.**

Please be specific regarding lot dimensions, existing and proposed structures, and intended uses.

The application will be reviewed by the Planning Director and may be referred to the Development Advisory Board (DAB) and/or the Design Review Committee (DRC). You and your representatives will be invited to participate in any meetings scheduled to review the project. You will receive a written summary of staff's recommendations and City requirements for formal application submittal.

PROJECT DESCRIPTION AND PROPERTY INFORMATION

Project Name:	
Project Description: (Attach Letter of Intent with detailed project description)	
Property Address/Location:	City/State/Zip:
Assessor's Parcel No.:	Project Square Footage/ Acreage ☐ Square Feet ☐ Acres

PROPERTY OWNER INFORMATION	APPLICANT INFORMATION
Name:	Name:
Mailing Address:	Mailing Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Fax No.:	Fax No.:
E-Mail Address:	E-Mail Address:
Property Owner Signature:	Applicant Signature: