PLANNING APPLICATION

TYPE OR PRINT CLEARLY

MAKE CHECKS PAYABLE TO CITY OF REDDING

City of Redding
777 Cypress Avenue
Redding CA 96001
(530) 225-4020
FAX: (530) 225-4495
www.ci.redding.ca.us

Applicant	Mailing Address		Day Phone ( )
	City	Zip Code	Fax Phone ( )
	E-Mail Address:		
Representative (if any)	Mailing Address		Day Phone ( )
	City	Zip Code	Fax Phone ( )
	E-Mail Address:		
Property Owner	Mailing Address		Day Phone ( )
	City	Zip Code	Fax Phone ( )
	E-Mail Address:		

Correspondence to be sent to: ☐ Applicant ☐ Representative ☐ Owner

Project Address			Assessor's Parcel No.
Existing Land Use	Site Acreage	Zoning	General Plan

Type of Application and Description of Proposed Project (attach sheets if necessary)

Submittal of this application does not grant authority to commence or continue operation or construction.

Applicant/Representative: *I have reviewed this application and the attached material. The provided information is accurate.*

Signed _____ Date _____

Property Owner/Authorized Agent: *I have read this application and consent to its filing.*

Signed _____ Date _____

FOR OFFICE USE ONLY

Application Number(s)	Date Application Received	Application Received By
Prior Applications at this Site	GIS Number(s)	Address Atlas Page Number
Fees Received	Environmental Review Required ❑ Yes ❑ No-Categorical Exemption	Site in 100-Year Floodplain ❑ Yes (MW and/or FEMA) ❑ No
Staff Assigned	Date Staff Assigned	Date Application Certified Complete