



Conditional Use Permit – Subdivision

Project Name _____

Project Description _____

*If this application is amending an existing CUP, describe the amendment(s).

Project Timetable Expected Start Date _____ Expected Finish Date _____

Canal Information Is there a canal crossing the property for which the CUP is being requested? ____ Yes ____ No
(if "yes") Name of the Canal or Irrigation Company _____

Owner Information

Name _____

Address _____

Phone _____

Email _____

Applicant Information

Name _____

Address _____

Phone _____

Email _____

Parcel Information

Address _____

Size _____ sq. ft. _____ acres Parcel ID _____ Current Zone _____

Property Use _____

Other _____ (indicate distance to nearest residence)

Applicant Signature

Brian Boudrero, Planning and Zoning

Office Use Only

Date Application Received _____

Date Application Approved _____

Approved Denied
