

# LAND USE APPLICATION FORM

**APPLICATIONS ARE ACCEPTED BY APPOINTMENT ONLY - PLEASE TYPE OR WRITE LEGIBLY**

## Type of Permit Requested

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Annexation                             | <input type="checkbox"/> General Plan Amendment          | <input type="checkbox"/> Specific Plan Review/Amendment |
| <input type="checkbox"/> Coastal Admin Modification to CDP, DRP | <input type="checkbox"/> Lot Line Adjustment             | <input type="checkbox"/> Tentative Parcel Map           |
| <input type="checkbox"/> Coastal Development Permit (CDP)       | <input type="checkbox"/> Major Modification to SUP or PD | <input type="checkbox"/> Tentative Subdivision Map      |
| <input type="checkbox"/> CBD Design Review Permit               | <input type="checkbox"/> Minor Modification to SUP or PD | <input type="checkbox"/> Zone Change                    |
| <input type="checkbox"/> Development Design Review Permit (DDR) | <input type="checkbox"/> Planned Development Permit (PD) | <input type="checkbox"/> Zone Variance                  |
| <input type="checkbox"/> Final Parcel Map                       | <input type="checkbox"/> Pre-Application                 | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> Final Subdivision Map                  | <input type="checkbox"/> Special Use Permit (SUP)        |   |

## Description of Proposed Project

(Include type of development, number of residential units, number of affordable units/request for payment of in-lieu fee, parcel size, square feet of building area, etc. If this application is for a modification, describe the requested change. Attach more pages if required.)

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## Property Information

Name of Project \_\_\_\_\_  
(optional)

Property Location \_\_\_\_\_  
\_\_\_\_\_

Assessor's Parcel Number(s) \_\_\_\_\_  
\_\_\_\_\_

Additional Info \_\_\_\_\_  
\_\_\_\_\_

Current Zoning \_\_\_\_\_ Proposed Zoning \_\_\_\_\_

Current General Plan \_\_\_\_\_ Proposed GP \_\_\_\_\_

## Designated Agent (Attorney-in-Fact)

### Designation of Agent (Attorney-in-Fact)

I, \_\_\_\_\_  
(property owner)

hereby designate \_\_\_\_\_  
(agent) as the Attorney-in-Fact for the Property Owner for all purposes of processing this application with the City of Oxnard.

Signature \_\_\_\_\_  
For multiple property owners, use additional Land Use Application forms.

### Primary Contact/Designated Agent (Attorney-in-Fact)

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_

Email \_\_\_\_\_

## Property Owner Information

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

*I hereby certify that I am the owner of record of the subject project property(ies) described on this application and that I approve of the action requested herein.*

Signature \_\_\_\_\_

For additional property owners & properties, please use the back of this form and additional sheets if necessary.

## Other Persons to be Notified

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## OFFICE USE ONLY

Fees	Amount	Date Received _____	Related / Concurrent Permits
Permit Fee _____	_____	Permit No. _____	_____
Env. Fees _____	_____	Env Det./No. _____	_____
Total _____	_____	Final Action _____	Rec'd By _____
Verified By _____	_____	Expiration Date _____	Assigned to: _____

