



THE TOWN OF
CORTE MADERA
MARIN COUNTY CALIFORNIA

PLANNING AND BUILDING DEPARTMENT
300 TAMALPAIS DRIVE
CORTE MADERA, CA 94925

APPLICATION FOR DEVELOPMENT REVIEW

I. CHECK TYPE OF PERMIT(S) BEING REQUESTED

- | | | |
|--|--|--|
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Preliminary Plan (Zoning Ch. 18.18) | <input type="checkbox"/> Tentative Map (See Muni. Ch. 17.20) |
| <input type="checkbox"/> Design Review – Minor Project | <input type="checkbox"/> Precise Plan (See Zoning Ch. 18.18)) | <input type="checkbox"/> Tree Permit |
| <input type="checkbox"/> Design Review – Major Project | <input type="checkbox"/> Sign Permit | <input type="checkbox"/> Variance – Minor |
| <input type="checkbox"/> Environmental Assessment | <input type="checkbox"/> Sign Program, Master | <input type="checkbox"/> Variance – Major |
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Preliminary Map (See Muni. Ch. 17.16) | <input type="checkbox"/> Zoning Ordinance Amendment |
| <input type="checkbox"/> Large Family Day Care Home | <input type="checkbox"/> Second Unit Permit | |
| <input type="checkbox"/> Lot Line Adjustment | | |

II. GENERAL DATA

- A. Address or Location of Property: _____
- B. Assessor's Parcel No.: _____ C. Existing Total Floor Area: _____
- D. Zoning Designation: _____ E. Existing Lot Coverage: _____
- F. Site Area in square feet: _____ G. Number of off-street parking spaces: _____
- H. Description of project or request: _____
- _____ continue on separate sheets if necessary)

III. OWNER/APPLICANT INFORMATION

- A. Property Owner: _____ Daytime Phone: _____
Mailing Address: _____
- B. Applicant (other than owner): _____ Daytime Phone: _____
Mailing Address: _____
- C. Architect, Designer or Engineer: _____ Daytime Phone: _____
Mailing Address: _____

IV. AUTHORIZATION

I, the authorized owner; or authorized agent of owner with a letter of approval from property owner stating that said agent may act on owner's behalf, hereby agree to be bound by the conditions of approval of this application, subject only to the right to object at the hearing or during the appeal period. I further testify that information and exhibits submitted are true and correct.

Signature: _____

Date: _____

APPLICATION TITLE	APPLICATION NUMBER	FEE	DATE	RECEIVED BY