



*This Institution is an  
Equal Opportunity Provider*

**Development Services Department**  
4477 Main Street / P.O. Box 777  
Shasta Lake, CA 96019  
530.275.7430 FAX: 530.275.7406

## City of Shasta Lake Planning Application

1. Applicant / Contact	
Name	e-mail address
Mailing Address	City / State / Zip
Telephone	Fax

2. Property Owner		Check Here if Same as Applicant: <input type="checkbox"/>
Name	e-mail address	
Mailing Address	City / State / Zip	
Telephone	Fax	

3. Project Location		
Address	Assessor's Parcel Number	
Site Acreage	Zoning	General Plan

4. Project Description
Provide a Detailed Description of proposed project (attach additional sheets if necessary)

5. Type of Application		
<input type="checkbox"/> Use Permit	<input type="checkbox"/> General Plan Amendment	<input type="checkbox"/> Time Extension
<input type="checkbox"/> Administrative Permit	<input type="checkbox"/> Parcel Map	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Property Line Adjustment	<input type="checkbox"/> Major Subdivision Map	_____
<input type="checkbox"/> Rezone	<input type="checkbox"/> Variance	_____

6. Applicant / Property Owner Signature			
<b>APPLICANT:</b> I have reviewed this application and the attached material. The provided information is accurate.		<b>PROPERTY OWNER:</b> I have read this Application and consent to its filing.	
Signature	Date	Signature	Date

OFFICE USE ONLY			
Application Number	Date Received	Date Application Certified Complete	
<input type="checkbox"/> Categorically Exempt	<input type="checkbox"/> Negative Declaration	<input type="checkbox"/> Mitigated Negative Declaration	<input type="checkbox"/> EIR Required
Planning Permit Fee: _____ +		Less Pre-Application Fee: _____	
Environmental Review Fee: _____		Total Fees: _____	
General Plan Maintenance Fee +	\$35.00		
Information Technology Fee:	\$35.00	Receipt No.: _____	