

APPLICATION FOR MINOR DEVIATION

City of Kerman Planning Department

APPLICANT:

Name

Address

(____) _____
Phone

**PROPERTY
OWNER:**

Name

Address

(____) _____
Phone

What is the location of the property for which the minor deviation is requested:

Existing General Plan designation: _____

Existing Zoning: _____

Surrounding land uses: **North** _____
 South _____
 East _____
 West _____

Assessor Parcel Number: _____

Site Acreage: _____

Present use of the project site: _____

Please give a brief description of the section of the Zoning Ordinance from which you are requesting a minor deviation and why you believe the deviation is warranted:

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Instructions for filing an application for MINOR DEVIATION.

No application will be accepted without the completion of all of the following:

1. Completed MINOR DEVIATION application form.
2. Filing Fee: \$ _____
3. THREE (3) copies of the proposed site plan. Site plan must include information as stated in this application form. The site plan must be an accurate scaled drawing of the site.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY PRIOR TO SIGNING.

Submission of this application does not imply approval of the Minor Deviation by the Department. The Department will review this application for accuracy and completeness. Notification of completeness will be mailed to you no later than thirty (30) days from the date of acceptance.

I have completed this application and other documents and maps required hereby to the best of my (our) ability and the statements and information above referred to are, in all respects, true and correct to the best of my (our) knowledge and belief.

I (We) declare under penalty of perjury that the foregoing is true and correct. (Must be signed by the current **Property Owner**).

Signed _____
Printed Name _____
Address _____
Phone _____
Date _____

Signed _____
Printed Name _____
Address _____
Phone _____
Date _____