



City of Hemet

PLANNING DIVISION
445 E. Florida Avenue, Hemet, CA 92543
(951) 765-2375
www.Hemetca.gov

Application No.:	_____
Date Received:	_____
Received By:	_____
Planner Assigned:	_____
Concurrent Projects:	_____

PLANNING APPLICATION

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Adjustment | <input type="checkbox"/> Administrative Use Permit | <input type="checkbox"/> Annexation |
| <input type="checkbox"/> Appeal | <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Development Agreement / Amendment |
| <input type="checkbox"/> Downtown Site Dev. Review | <input type="checkbox"/> Extension of Time | <input type="checkbox"/> General Plan Amendment |
| <input type="checkbox"/> Planned Unit Development | <input type="checkbox"/> Pre-Application Review | <input type="checkbox"/> Sign Program/Amendment |
| <input type="checkbox"/> Site Development Review | <input type="checkbox"/> Specific Plan | <input type="checkbox"/> Specific Plan Amendment |
| <input type="checkbox"/> Tentative Parcel Map | <input type="checkbox"/> Tentative Tract Map | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Zone Change - Map | <input type="checkbox"/> Zoning Ordinance Amendment | <input type="checkbox"/> Other _____ |

Project Description

Project Name: _____

General Description of Proposed Project: _____

Has this project received Pre-Application review comments? Yes No PR No. _____

Other Related Cases: _____

Property Information

Project Address or Location: _____

Assessor Parcel Number(s): _____

Total Site Acreage: _____ Bldg. Sq. Footage: _____

Current Land Use: _____ Proposed Land Use: _____

Current Zoning: _____ Proposed Zoning: _____

Current General Plan: _____ Proposed General Plan: _____

Contact Information

Applicant Information –The applicant is the designated contact to receive materials from the City.

Applicant Name: _____

Applicant Address: _____

City, State, Zip: _____

Contact Name: _____

Phone Number: _____ Email: _____

Applicant's Interest in Property: Own Rent Other: _____

Property Owner Information (Consent Affidavit required if Applicant is not the Property Owner)

Owner Name: _____

Owner Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Business Owner Information

Owner Name: _____

Owner Address: _____

City, State, Zip: _____

Contact Name: _____

Phone Number: _____ Email: _____

Architect/Engineer Information

Business Name: _____

Business Address: _____

City, State, Zip: _____

Contact Name: _____

Phone Number: _____ Email: _____

Notifications

1. Appointments are recommended for submittals. Call the Case Planner or 951-765-2375 for scheduling.
2. Applications will be initiated within 24 hours of submittal. Applications submitted after noon on Thursday will be initiated the next City Hall business day.
3. Acceptance of the application at the counter **does not** represent a complete application. Government Code Section 65943 provides 30 days in which the City can review the application and determine completeness. The applicant will be sent a letter during this time period with either a statement of completeness or a list of additional items that are necessary to complete the application.
4. If projects include a legislative item required to be heard by the City Council, all other concurrent applications for the project will also be heard by the City Council.

Authorizations

Print Applicant Name _____

Applicant Signature _____ Date _____

Attachments

1. Property Owner Consent Affidavit (Not required for Pre-Application Review applications).
2. Checklist of Submittal requirements – varies by application type.