



**CITY OF LODI**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
**P.O. Box 3006**  
**221 West Pine Street**  
 Lodi, California 95241-1910  
 (209) 333-6711

## UNIFORM APPLICATION

### GENERAL INFORMATION REQUIRED (Print or Type)

Applicant's Name	Phone	<b>(Staff Use Only)</b> File Number:	
Address			
Location of Project (Address)			Related Files:
Legal Description of Project Location (Assessor's Parcel No.)			
Legal Owner's Name (as listed in the San Joaquin County Assessor's records)		Phone	
Address			

#### *Type of Review Requested [Please Check Applicable Box(es)]*

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Administrative Deviation | <input type="checkbox"/> General Plan Amendment     | <input type="checkbox"/> Preliminary Environ. Assessment    | <input type="checkbox"/> Tentative Subdivision Map |
| <input type="checkbox"/> Annexation               | <input type="checkbox"/> Landscape Plan Review      | <input type="checkbox"/> Rezone                             | <input type="checkbox"/> Use Permit                |
| <input type="checkbox"/> Appeals                  | <input type="checkbox"/> Live Entertainment Permit  | <input type="checkbox"/> Site Plan and Architectural Review | <input type="checkbox"/> Variance                  |
| <input type="checkbox"/> Development Plan Review  | <input type="checkbox"/> Lot Line Adjustment\Merger | <input type="checkbox"/> Tentative Parcel Map               | <input type="checkbox"/> Other _____               |

### Project Description

*Detailed Description of Proposed Project (Attach Additional Sheets if Necessary)*

### INCOMPLETE APPLICATIONS

The completeness of this application, which includes accompanying plans, shall be subject to the review of the Community Development Department. Applications for any of the above listed actions, and other actions as deemed necessary by the Community Development Director, shall be considered incomplete pending completion of the plan review process.

### Owner Certification

I certify that I am presently the legal owner of the above described property. Further, I acknowledge the filing of this application and certify that all of the above information is true and accurate. (If the undersigned is different from the legal property owner, a letter of authorization must accompany this form).

Date	Signature
Print Name and Title	

Date Time Received	Received By	Project/Receipt No.
--------------------	-------------	---------------------