



BEAUMONT PLANNING DEPT.
 550 E. 6th Street
 Phone (951) 769-8518
 BeaumontCa.gov

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

PLANNING APPLICATION

- | | | |
|---|--|---|
| <input type="checkbox"/> Appeal | <input type="checkbox"/> Annexation | <input type="checkbox"/> Conditional Use Permit |
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Development Agreement/Amendment | <input type="checkbox"/> Sign Program/Amendment |
| <input type="checkbox"/> Plot Plan Application | <input type="checkbox"/> Pre-Application Review | <input type="checkbox"/> Sign Reveiw |
| <input type="checkbox"/> Extension of Time | <input type="checkbox"/> Specific Plan / Amendment | <input type="checkbox"/> Minor Plot Plan |
| <input type="checkbox"/> Tentative Parcel Map | <input type="checkbox"/> Tentative Tract Map | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Pre-Zone/Re-Zone | <input type="checkbox"/> Zoning Ordinance Amendment | <input type="checkbox"/> Other _____ |

Project Description

General Description of Proposed Project: _____

Has this project received Pre-Application Review Comments? Yes No Date: _____
 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: _____

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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 (if applicable)

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. Electronic submittal of applications, submittal documents and payments is preferred.
2. Appointments are required for in-person submittal. Contact the Planning Department at 951-769-8518 for scheduling.
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.