

PRELIMINARY REVIEW APPLICATION

FILING FEE: \$159.00 DEPARTMENT OF PLANNING AND BUILDING SERVICES 707 Nevada Street, Suite 5 · Susanville, CA 96130-3912 (530) 251-8269 · (530) 251-8373 (fax) www.co.lassen.ca.us

Form must be typed or printed clearly in black or blue ink. All sections must be completed in full. This application consists of one page; only attach additional sheets if necessary. FILE NO.

Property Owner/s	Property Owner/s		
Name:	Name:		
Mailing Address:	Mailing Address:		
City, ST, Zip:	City, ST, Zip:		
Telephone: Fax:	Telephone: Fax:		
Email:	Email:		

Applicant/Authorized Representative*	Agent (Land Surveyor/Engineer/Consultant)
Same as above:	Correspondence also sent to:
Name:	Name:
Mailing Address:	Mailing Address:
City, ST, Zip:	City, ST, Zip:
Telephone: Fax:	Telephone: Fax:
Email:	Email: License #:

Project Address or Specific Location:					
Deed Reference: Book:	Page:	Year:	Doc#:		
Zoning:		General Plan	General Plan Designation:		
Parcel Size (acreage):		Section:	Township:	Range:	

Assessor's Parcel Number(s):	 	

Project Description (please indicate all documents you attach to this application):	

SIGNATURE OF PROPERTY OWNER(S): I HEREBY ACKNOWLEDGE THAT: I have read this application and state that the information given is both true and correct to the best of my knowledge. I agree to comply with all County ordinances and State laws concerning this application.	*SIGNATURE OF APPLICANT/AUTHORIZED REPRESENTATIVE (Representative may sign application on behalf of the property owner only if Letter of Authorization from the owner/s is provided).
Date:	Date:
Date:	Date: