Property Owner's Authorization Signature Form

Property Owner:

Name

Address (Street, City, State, Zip Code)

Phone Number

E-mail

Signature Date

Applicant:

Name

Address (Street, City, State, Zip Code)

Phone Number

E-mail

Signature Date

Registration Number (required for professional registrants)

Address of Site:_____ **APN**:_____

Select Request Type

- ☐ **Annexation**
- ☐ **Adaptive Reuse Permit**
- ☐ **Administrative Use Permit**
- ☐ **Administrative Review**
  - Minor Modifications/Changes to existing cases
  - Desert Uplands Reviews
- ☐ **Conditional Use Permit**
- ☐ **Development Incentive Permit**
- ☐ **Development Plan Review**
- ☐ **Form-Based Code/Zoning Clearance**
- ☐ **General Plan Amendment**
- ☐ **Land Division**
- ☐ **Registration**
  - Medical Marijuana Registration/Renewal
  - Community Residence Registration/Renewal
- ☐ **Rezone**
- ☐ **Special Use Permit**
- ☐ **Substantial Conformance Improvement Permit**
- ☐ **Temporary Use Permit**
- ☐ **Variance**