



**CITY OF WILDOMAR**  
 23873 Clinton Keith Road #201  
 Wildomar, CA 92595  
 Tel. (951) 677-7751 Fax. (951) 698-1463

For office use only.  
  
**Project Account Number**

# MAJOR PLANNING PROJECT APPLICATION

**APPLICATION TYPES (Please indicate all of the planning applications you wish to apply for.)**

<input type="checkbox"/> Amended Final Map	AFM	<input type="checkbox"/> Sign Program	SGNP
<input type="checkbox"/> Change of Zone	COZ	<input type="checkbox"/> Specific Plan #	SP
<input type="checkbox"/> Conditional Use Permit #	CUP	<input type="checkbox"/> Specific Plan Amendment	SPA
<input type="checkbox"/> Development Agreement	DA	<input type="checkbox"/> Tentative Tract Map #	TTM
<input type="checkbox"/> Extension of Time *	EOT	<input type="checkbox"/> Tentative Parcel Map #	TPM
<input type="checkbox"/> General Plan Amendment	GPA	<input type="checkbox"/> Tentative Map Modification *	MODM
<input type="checkbox"/> Plot Plan #	PP	<input type="checkbox"/> Variance *	VAR
<input type="checkbox"/> Project Revision/Modification * #	REV	* <i>Original Project Number</i> _____	
<input type="checkbox"/> Public Use Permit #	PUP	<input type="checkbox"/> _____	_____

# - These applications must also submit a completed copy of the water quality management plan checklist.

**PROJECT INFORMATION**

Project Address/Location
Assessor Parcel Number(s)
Description and Purpose of the Project
Current Site Land use
Was a Pre-Application Review done for this Project? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what is the PAR Number: _____

	Existing	Proposed
General Plan Land Use		
Zoning		

**APPLICANT CONTACT INFORMATION**

Name		
Mailing Address		
Telephone	Fax	Email
I hereby authorize this application and certify that all filing requirements have been satisfied for my application. I also acknowledge that any missing items may delay the processing of my application.		
Signature of Applicant		Date

**REPRESENTATIVE CONTACT INFORMATION**

Name		
Mailing Address		
Telephone	Fax	Email

All communications concerning this request should be directed to the:  Applicant  
 (Indicate all that apply)  Representative  
 Other: \_\_\_\_\_

Other Representative Contact Information Name		
Telephone	Fax	Email

**PROPERTY OWNER INFORMATION AND PERMISSION**

Name	
Mailing Address	
Telephone	Fax
Email	
I certify under the penalty of the laws of the State of California that I am the property owner of the property that is the subject matter of this application and I am authorizing to and hereby do consent to the filing of this application and acknowledge that the final approval by the City of Wildomar, if any, may result in restrictions, limitations, and construction obligations being imposed on this real property. <i>(If more properties or owners are involved please provide additional sheets.)</i>	
Printed Name of Property Owner(s)	Printed Name of Property Owner(s)
Signature of Property Owner(s)	Signature of Property Owner(s)
Signature of Property Owner(s)	Signature of Property Owner(s)

Check here if additional Property Owner Certifications are attached to this application.



<b>Project No.:</b>
---------------------

**ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY BY APPLICANT**  
**(Project representative signatures will not be accepted.)**

I acknowledge and certify that with this application I am financially obligated to the City of Wildomar for all expenses related to the time and effort spent by the employees, agents, consultants, and legal representatives that are used to process this/these applications. I understand that once an application processing deposit has been depleted, additional deposits will be required prior to continuing work on this/these applications.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Billing Address: \_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

E-mail Contact Information: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

# CITY OF WILDOMAR

## HAZARDOUS WASTE SITE DISCLOSURE STATEMENT

Government Code Section 65962.5 requires the applicant for any development project to consult specified state-prepared lists of hazardous waste sites and submit a signed statement to the local agency indicating whether the project is located on or near an identified site. Under the statute, no application shall be accepted as complete without this signed statement.

I (we) certify that I (we) have investigated our project with respect to its location on or near an identified hazardous waste site and that my (our) answers are true and correct to the best of my (our) knowledge. My (Our) investigation has shown that:

- The project is not located on or near an identified hazardous waste site.
  
- The project is located on or near an identified hazardous waste site. Please list the location of the hazardous waste site(s) on an attached sheet.

\_\_\_\_\_  
Owner/Representative (1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Representative (2)

\_\_\_\_\_  
Date