



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

PRE-APPLICATION REVIEW

(To facilitate a preliminary review of a development project)

PROJECT INFORMATION

Project Address/Location

Assessor Parcel Number(s)

Description and Purpose of the Project

Current Site Land use

General Plan Land Use Designation:

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.

Signature of Applicant

Date

**CITY OF WILDOMAR
PRE-APPLICATION REVIEW**

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REPRESENTATIVE CONTACT INFORMATION

Name		
Mailing Address		
Telephone	Fax	Email

All communications concerning this request should be directed to the: Applicant
 Representative

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. (If more properties or owners are involved please provide additional sheets.)		
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.

MINIMUM REQUIREMENTS CHECKLIST

- Three (3) scaled copies of complete project plan sets with dimensions. A complete plan set should consist of one of each of the following: site plan, floor plan and elevation details (as appropriate).
- Other Items (to be determined) : _____
- Project review fee deposit.



Project No.:

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: _____