



**CITY OF SONORA
PLANNING COMMISSION
REZONING OR TEXT AMENDMENT APPLICATION**

APPLICANT: _____ PHONE: _____

MAILING ADDRESS: _____

OWNER'S NAME: _____ PHONE: _____

MAILING ADDRESS: _____

ADDRESS OF PROPERTY INVOLVED: _____

ASSESSOR'S PARCEL NUMBER OF PROPERTY INVOLVED: _____

PRESENT USE: _____ PRESENT BUILDINGS: _____

REQUEST: _____

PREREQUISITES BEFORE APPLICATION CAN BE CONSIDERED COMPLETE:

1. Completion of application form and payment of fees: **\$590.00**
2. Submittal of twenty five(25) copies of complete site plan showing the size and location of the parcel, placement of existing and proposed structures with dimensions from property lines and other structures; parking area; walkways and driveways.
3. One (1) copy of legal description of property deed records.
4. One (1) copy of reduced site plan.
5. Submittal of environmental information form (Appendix H) from State CEQA Guidelines.
6. Other information may be required upon review by the Planning Department.

I certify that the foregoing is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

FOR CITY USE ONLY

Received By: _____ Title: _____ Date: _____

Account # 303-04107-001

File: wp/originals/rezoning/text amendment