



**CITY OF SONORA
PLANNING COMMISSION
LANDSCAPE PLAN REVIEW APPLICATION**

APPLICANT: _____ PHONE #: _____

MAILING ADDRESS: _____

OWNERS NAME: _____ PHONE #: _____

MAILING ADDRESS: _____

ADDRESS OF PROPERTY INVOLVED: _____

ASSESSORS PARCEL NUMBER OF PROPERTY INVOLVED: _____

PRESENT USE: _____ PRESENT BUILDINGS: _____

REQUEST: _____

SQ. FT. OF TOTAL LANDSCAPE AREA: _____

PREREQUISITES BEFORE APPLICATION CAN BE CONSIDERED COMPLETE:

1. Completion of application form and payment of fees: **\$233.00 + Landscape Arch. fees**
2. Submittal of ten (10) copies of a landscape plan prepared in accordance with the general guidelines adopted by the City Council (attached)
3. Letter of authorization from property owner if applicant is not the owner.
4. Other information may be required upon review by the Planning Department.
5. I certify that the foregoing is true and correct to the best of my knowledge and belief.

FOR CITY USE ONLY

Received By: _____ Title _____

Date _____ Acct # 303-04107-001

Rev. 9-1-19