



REZONE APPLICATION

FILING FEE: \$1,350 and ENVIRONMENTAL HEALTH FEE: \$85
 DEPARTMENT OF PLANNING AND BUILDING SERVICES 707
 Nevada Street, Suite 5 · Susanville, CA 96130-3912
 (530) 251-8269 · (530) 251-8373 (fax)
 www.co.lassen.ca.us

Form must be typed or printed clearly in black or blue ink. All sections must be completed in full.

This application consists of one page; only attach additional sheets if necessary.

FILE NO. _____

Property Owner/s	Property Owner/s
Name:	Name:
Mailing Address:	Mailing Address:
City, ST, Zip:	City, ST, Zip:
Telephone: Fax:	Telephone: Fax:
Email:	Email:

Applicant/Authorized Representative*	Agent (Land Surveyor/Engineer/Consultant)
Same as above: <input type="checkbox"/>	Correspondence also sent to: <input type="checkbox"/>
Name:	Name:
Mailing Address:	Mailing Address:
City, ST, Zip:	City, ST, Zip:
Telephone: Fax:	Telephone: Fax:
Email:	Email: License #:

Project Address or Specific Location:			
Deed Reference: Book:	Page:	Year:	Doc#:
Zoning:		General Plan Designation:	
Parcel Size (acreage):	Section:	Township:	Range:

Assessor's Parcel Number(s):	- -	- -	- -
- -	- -	- -	- -

Present Zoning:	Proposed Zoning:
General Plan Amendment Required: <input type="checkbox"/> Yes <input type="checkbox"/> No General Plan Amendment Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No *Staff Initial:	
Project Description:	

SIGNATURE OF PROPERTY OWNER(S): I HEREBY ACKNOWLEDGE THAT: I have read this application and state that the information given is both true and correct to the best of my knowledge. I agree to comply with all County ordinances and State laws concerning this application.	*SIGNATURE OF APPLICANT/AUTHORIZED REPRESENTATIVE (Representative may sign application on behalf of the property owner only if Letter of Authorization from the owner/s is provided).
Date:	Date:
Date:	Date:

See associated process form for required attachments and instructions.