



City of Duarte
COMMUNITY DEVELOPMENT DEPARTMENT
 1600 Huntington Drive
 Duarte, CA 91010
 Ph: 626-357-7931 | Fax: 626-358-0018
 www.accessduarte.com

Master Application

THE APPLICATION MUST BE FILLED OUT COMPLETELY, TYPEWRITTEN (FILLABLE PDF FORMAT IS AVAILABLE) OR LEGIBLY PRINTED

PROJECT INFORMATION

PROJECT ADDRESS:	ASSESSOR PARCEL NUMBER(S):
PROJECT DESCRIPTION (ATTACH A SEPERATE SHEET IF NECESSARY):	

APPLICATION TYPE (CHECK ALL THAT APPLY)

<input type="checkbox"/> Administrative Variance	<input type="checkbox"/> Monument Sign	<input type="checkbox"/> Temporary Use
<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Parcel Map	<input type="checkbox"/> Tract Map
<input type="checkbox"/> Development Code Amendment	<input type="checkbox"/> Parcel Merger	<input type="checkbox"/> Use Classification
<input type="checkbox"/> Environment Review __Exemption __Initial Study __ND __EIR	<input type="checkbox"/> Planned Development Permit	<input type="checkbox"/> Variance
<input type="checkbox"/> General Plan Amendment	<input type="checkbox"/> Reasonable Accommodation	<input type="checkbox"/> Wall and Other Signs _____
<input type="checkbox"/> Landscape Review __No Efficiency __Water Efficiency Review	<input type="checkbox"/> Sign Program	<input type="checkbox"/> Zone Change
<input type="checkbox"/> Lighting Plan Review	<input type="checkbox"/> Site Plan and Design Review __Staff __Director __ARB __PC	<input type="checkbox"/> Zoning Clearance
<input type="checkbox"/> Lot Line Adjustment	<input type="checkbox"/> Specific Plan	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Minor Use Permit	<input type="checkbox"/> Specific Plan Amendment	_____

PROPERTY OWNER INFORMATION

NAME:	COMPANY NAME:
ADDRESS:	CITY, STATE, ZIP:
PHONE NUMBER:	EMAIL:
SIGNATURE:	DATE:

APPLICANT INFORMATION

APPLICANT SAME AS OWNER: <input type="checkbox"/> YES <input type="checkbox"/> NO (IF MARKED NO, PLEASE PROVIDE INFORMATION BELOW)	
NAME:	COMPANY NAME:
ADDRESS:	CITY, STATE, ZIP:
PHONE NUMBER:	EMAIL:
SIGNATURE:	DATE:

OFFICE USE ONLY

<input type="checkbox"/> Received Date: _____	Receipt No. _____	Case No(s): _____
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