

REQUEST FOR REDUCTION OF MINIMUM DENSITY REQUIREMENT ON RECEIVING PROPERTY

SECTION I. OWNER/APPLICANT INFORMATION

PROPERTY OWNER(S): _____

DAYTIME PHONE: _____ FAX: _____

ADDRESS: _____

APPLICANT (if other than owner): _____

DAYTIME PHONE: _____ FAX: _____

ADDRESS: _____

SECTION II. RECEIVING PROPERTY INFORMATION

TAX CODE NO(S): _____

TOTAL ACRES: _____ ACRES WITHIN RECEIVING AREA, IF DIFFERENT: _____

LEGAL DESCRIPTION: _____

GENERAL PROPERTY LOCATION: _____

ZONING BASEMAP(S): _____ BOARD OF SUPERVISORS DISTRICT: _____

EXISTING LAND USE(S): _____

CURRENT ZONING: _____

COMPREHENSIVE PLAN DESIGNATION(S) AND ACREAGE(S): _____

EXISTING RECORDED RESTRICTIONS ON DEVELOPMENT: _____

SECTION III. REQUESTED REDUCTION OF DENSITY INFORMATION

REQUIRED MINIMUM DENSITY FOR PROJECT: _____ NUMBER OF RESIDENCES: _____

PROPOSED MINIMUM DENSITY: _____ PROPOSED NUMBER OF RESIDENCES: _____

REASONS FOR REDUCING REQUIRED MINIMUM DENSITY: _____

SECTION IV. SUBMITTALS

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THE APPLICATION:

- Ownership verification: Assessor's map and property inquiry (APIQ) printout.
- Original letter(s) of authorization (if applicant is not the property owner).
- If a trust, original signature of trust officer and list of beneficiaries (if applicable).
- If a corporation, original signature with person's title and the list of corporate officers (if applicable).
- Proposed preliminary subdivision or development plan.
- Documentation supporting request (include maps, natural constraints on property, and other relevant information supporting request to reduce densities).
- Required fee.

SECTION V.

This complete application is true and correct to the best of my knowledge. I am the owner of the above described property or have been authorized by the owner to make this application.

APPLICANT'S SIGNATURE

DATE

FOR OFFICIAL USE ONLY

Date Received _____ Received By _____ Case No. _____