

Standard Application Form – (Minor)

Community Development Department – Planning Division

125 East College Street • Covina, California 91723 • (626) 384-5450 / Fax: (626) 384-5479

Use this form for minor Residential and Non-Residential Applications. Submit form and all other information to Planning-submittal@covinaca.gov . Refer to Checklists for Site Plan Reviews A, B, C, and D on our handouts page.

| | Applicant Information | |
|---------------------------|-----------------------|-----------|
| Proposed Project: | STAFF USE ONLY | |
| Project Address: | | |
| Assessor's Parcel Number: | | MUNIS NO: |
| Phone: () | E-Mail: | FILE NO: |
| Applicant Name: | | |
| Applicant Address: | | |
| Property Owner Name: | | |
| Property Owner Address: | | |
| | Project Type | |
| | | |

Please check the type of project review requested. If you are applying for more than one review you may check all that apply.

| | | Site Plan | Review- | Minor | Resident |
|--|--|-----------|---------|-------|----------|
|--|--|-----------|---------|-------|----------|

al 🗌 Site Plan Review-Minor (Non-Residential)

(Some examples include but are not limited to: New Pool, New Shed, Wall/Fence, Room Addition, Tenant improvement etc.)

| Project Description | |
|--|--|
| Detailed Description of Proposed Project (Attach Additional Sheets if Necessary) | |

Owner Certification

I certify that I am presently the legal owner of the above described property. Further, I acknowledge the filing of this application and certify that all of the above information is true and correct. If applicant is different from the legal property owner, a property owner's authorization form must accompany this application.

Date: ______ Signature: ______

Print Name and Title:_____

| STAFF USE ONLY | | | | | | |
|----------------|--------------|-------|-------------|--|--|--|
| Date Received: | Received by: | Fees: | Receipt No: | | | |
| | | | | | | |