	Application Received By: Application Number: RGA	<b>City of Tracy</b> 333 Civic Center Plaza Tracy, CA 95376
<b>FRACY</b>	APPLICATION FOR RESIDENTIAL GROWTH ALLOTMENTS Number of RGA's Requested	COMMUNITY & ECONOMIC DEVELOPMENT MAIN 209.831.6400 FAX 209.831.6439 www.ci.tracy.ca.us
RGA's:	Exception (for Affordable Housing Un	its):
Applicant's Inform		, <u> </u>
Name:	Telephone No.:	
Company:	ny: Email Address.:	
Mailing Address:		
Property Owner's		
Name:	Telephone No.:	
Company:	Email Address.:	
Mailing Address:		
City/State/Zip Code:		
(if necessary, please	attach a sheet listing additional property owner inform	nation)
Project Informatio	<u>n</u>	
Subdivision Name (o	r Project Name):	
Tract No.:	Tract No.: Total No. of Lots: Total Acreage:	
Total number of Proje	ect Area lots:	
Assessor's Parcel No	D(S).:	
Planning Area (ex: P	rimary Area, etc.):	_
Total number of RGA	A's previously awarded to the Project Area:	
Total number of inval	lid RGA's (defined by section D3 of the GMO Guidelin	nes):
Total number of build	ling permits issued:	

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Total number of unused RGA's (RGA's previously awarded less the total number of invalid RGA's and RGA's used for building permit issuance):

Total number of RGA's requested in this application:

Identify all relevant approvals that have been obtained for the Project Area:

## Attachments

Provide documentation indicating compliance with each of the elements of the GMO Guidelines, Section C2.

## Applicant's Signature

I, the undersigned, have complied with all the requirements of the Growth Management Ordinance relevant to this application:

Applicant's Signature

Please return completed form to <u>PlanningAdmin@cityoftracy.org</u>.

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Date