



DEVELOPMENT APPLICATION

City of Tracy
333 Civic Center Plaza
Tracy, CA 95376

COMMUNITY & ECONOMIC
DEVELOPMENT

MAIN 209.831.6400
FAX 209.831.6439
www.ci.tracy.ca.us

PROPERTY OWNER INFORMATION

Property Owners	Address	City, State	Zip
Email		Phone Number	Fax Number
Applicant (If different than above)	Address	City, State	Zip
Email		Phone Number	Fax Number

PROJECT INFORMATION

Street Address & Location (Be specific)

Assessors Parcel Number(s)

Existing Use of Property

Provide a Brief Description of Project/Proposal

The City wants this review process to be successful for you. On page 2 of this form, please describe specific requests or suggestions to help us meet your needs as we work together on your project.

PROPERTY OWNER STATEMENT:

I hereby authorize _____, and any authorized representative thereof, to act as my agent in all matters related to the subject application(s) and recognize that the City of Tracy will rely in good faith upon assurances and commitments made by the above referenced agent in the course of reviewing requests for entitlements submitted on my behalf.

Property Owner Signatures:

1. _____ 2. _____

3. _____ 4. _____

APPLICANT STATEMENT:

I, _____, hereby certify that to the best of my knowledge the foregoing application contains information which is accurate and truthful and that my failure to supply such information as requested may jeopardize the validity of any entitlements granted or may result in the inability of the City to complete review requested herein.

Applicant Signature: _____ Date: _____

Comments, Suggestions, or Processing Needs:

[Empty rectangular box for comments, suggestions, or processing needs.]