

CITY OF SELMA
PLANNING DEPARTMENT
PRELIMINARY MAP REVIEW

Please Print or Type

Applicant

Name: _____ Address: _____

Phone #: _____ FAX#: _____ E-MAIL: _____

Property owners

name: _____ Address: _____

Phone #: _____ FAX #: _____ E-MAIL: _____

Engineer/Firm

Name: _____ Address: _____

Phone #: _____ FAX #: _____ E-MAIL: _____

Project

Address: _____ APN'S _____

The proposed Tentative Tract/Parcel Map is located on _____ St./Ave.

Between _____ St./Ave. and _____ St./Ave.

Current Zoning: _____ No. of lots: _____ Acreage: _____

Tract/Parcel No. _____ Tract Name: _____

FOR STAFF ONLY:

Application received

by: _____ Date: _____

Amount of fee received: _____ Receipt No: _____

Submittal No: _____

SUBMITTAL REQUIREMENTS:

_____ 12 Copies of proposed site/plot plan folded to 8 1/2 x 14 inches.

_____ 6 Copies of any additional information that facilitates review of the project which the applicant would like to submit.

_____ 1 Digital copy of proposal (bitmap or pdf).

OTHER PERSONS TO BE NOTIFIED REGARDING THIS REVIEW:

NAME	ADDRESS	PHONE/FAX/E-MAIL
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____