

## PRELIMINARY REVIEW REQUEST FORM P-14

## **Community Development**

**Planning Division** 

1635 Faraday Avenue (442) 339-2610 www.carlsbadca.gov Refer to <u>IB-114</u> for more information

PROJECT NAME:		
Assessor's Parcel Number(s):		
Description of proposal (add attachment if necessary):		
Would you like to orally present your proposal to your assigned staff planner/engineer?		
Please list the staff members you have previously spoken to regarding this project. Please state "N/A" if not.		
FOCUS AREA(S): Site Design Land Use Architecture	Zoning Interpretations Engineering	Standards Other
OWNER NAME (Print):	APPLICANT NAME (Print):	
MAILING ADDRESS:	MAILING ADDRESS:	
CITY, STATE, ZIP:	CITY, STATE, ZIP:	
TELEPHONE:	TELEPHONE:	
EMAIL ADDRESS:	EMAIL ADDRESS:	
I CERTIFY THAT I AM THE LEGAL OWNER AND THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	I CERTIFY THAT I AM THE LEGAL REPRESENTATIVE OF THE OWNER AND THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	
SIGNATURE DATE	SIGNATURE	DATE
*Owner's signature indicates permission to conduct a preliminary review for a development proposal.		
CITY USE ONLY Project Number:	Development Number:	
FEE REQUIRED/DATE FEE PAID:		
RECEIVED BY:		

P-14 Preliminary Review Revised: 3/22