Cathedral City

PLANNING DEPARTMENT
REQUEST FOR PROJECT PRELIMINARY REVIEW

Preliminary Review No.: _____

Deposit Amount: _____

APPLICANT'S NAME:_____

MAILING ADDRESS:_____

CITY, ZIP:_____

PHONE:_____ **E-MAIL:**_____

PROJECT LOCATION:_____

DESCRIBE PROPOSED PROJECT:_____

_____

_____

EXISTING SITE CONDTIONS:_____

_____

PLEASE PROVIDE 10 COPIES OF THE PLAN(S) AND INCLUDE THE FOLLOWING MINIMUM INFORMATION:

- **SITE PLAN WITH THE FOLLOWING:**
  - **PROPERTY LINES**
  - **PROPOSED BLDG FOOTPRINT**
  - **LOT AND BUILDING DIMENSIONS**
  - **ADJACENT STREETS WITH NAME(S)**
  - **EXISTING IMPROVEMENTS INCLUDING CURB, GUTTER, SIDEWALK, DRIVEWAY(S), ETC.**
  - **EXISTING UTILITIES**
  - **ASSESSOR PARCEL NUMBER**
  - **NORTH ARROW**
  - **SCALE OF THE DRAWING**
  - **EXISTING PROPERTY ADDRESS, IF ANY**
- **PHOTOS (ON- AND OFF-SITE)**

NOTE: The more detailed plans and description provided the more information and feedback that can be offered during the preliminary review.