City of FRESNO

Planning & Development Department
Development Partnership Center (DPC)
2600 Fresno Street, Third Floor
Fresno, CA 93721-3604

Master Application Form #: _____

Check all that apply:

☐	Plan Amendment	☐	Site Plan Review	☐	Amendment ☐ Major ☐ Minor
☑	Rezone (PREZONE)	☐	Variance	☐	Revised Exhibit ☐ Major ☐ Minor
☐	Conditional Use Permit	☐	Minor Deviation	☐	Easement Encroachment
☐	Tentative Tract Map	☐	Tentative Parcel Map	☐	Lot Line Adjustment
☐	Voluntary Parcel Merger	☐	Fresno Green Project	☐	Public Art Project
☐	Annexation	☐	Other:		

Project Name: —

Project Address: 327 W. SAN JOSE A.P.N 417-251-04

Size of Site: _____ Sq. Ft. ±8 Ac. Historical Project? (Building on registry and/or over 50 yrs. old) NO

Project Description (attach additional pages if necessary): PREZONE SITE TO 'RS-5' TO BE CONSISTENT WITH CITY INITIATED GENERAL PLAN AMENDMENT AND TO PROVIDE FOR ANNEXATION OF SITE.

Zoning Designation: R-1 (COUNTY) General Plan Designation: MIXED USE (CURRENT)

List all previously approved and/or pending entitlements, associated with this project/site (provide application number(s), if available): R-17-020

Please read carefully before signing or filing.
Submission of this application does not imply approval of this permit by the Planning and Development Department. Application approval will become null and void if it is determined that approval was based on omissions or inaccurate information submitted by the applicant.

PRIMARY CONTACT, check all that apply ☑ Applicant ☐ Owner ☐ Other _____

Name: Jeffrey T. Roberts Signature: _____

Company/Organization: Assemi Group

Address: 1396 W. Herndon #101 City: Fresno, Ca. Zip: 93711

Email: jroberts@assemigroup.com Phone: (559) 288-0688

Check all that apply ☐ Applicant ☐ Owner ☐ Other _____

Name: _____ Signature: _____

Company/Organization: _____

Address: _____ City: _____ Zip: _____

Email: _____ Phone: _____

Check all that apply ☐ Applicant ☐ Owner ☐ Other _____

Name: _____ Signature: _____

Company/Organization: _____

Address: _____ City: _____ Zip: _____

Email: _____ Phone: _____

Note: This application will not be accepted for processing without the mandatory attachments. Please see the corresponding **Application Submittal Requirements** for the checklist(s) of required documents.

FOR INTERNAL USE ONLY

DEVELOPMENT PARTNERSHIP CENTER			
Received By:		Date:	
Verification By:		Date:	
Application Fee:		EA Fee:	
PZ No:		Zone District:	