Exhibit D

City of

FRESN☀

Development & Resource Management Department
Development Services Division
2600 Fresno Street, Room 3043
Fresno, CA 93721-3604
P: (559) 621-8277

Master Application Form

#: **SIUC-2018-01**

(the line above should be completed by city staff)

Check all that apply:

☐	Plan Amendment	☐	Development Permit	☐	Amendment	☐ Major	☐ Minor	
☐	Rezone	☐	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: *Street name change*					

Project Name: Community Food Bank - Street Name Change

Project Address: 4010 East Hardy Ave., Fresno, CA 93725   **A.P.N** -

Size of Site: _____ Sq. Ft. _____ Ac.   **Historical Project?** (Building on registry and/or over 50 yrs. old) _____

Project Description (attach additional pages if necessary): To honor the Amendola Family for their generosity to our

community and ending hunger in the Central Valley, we will be changing Hardy Ave. to Amendola Drive.

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Zoning Designation: _____   **General Plan Designation:** Street Name Change

List all previously approved and/or pending entitlements, associated with this project/site (provide application number(s),

if available): _____

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: Alison Tolladay   **Signature:** *[signature]*

Company/Organization: Community Food Bank

Address: 3403 E. Central Ave.   **City:** Fresno   **Zip:** 93725

Email: atolladay@communityfoodbank.net   **Phone:** 559-237-3663 x.119

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			
Received By:	I7	Date:	
Verification By:		Date:	
Application Fee:		EA Fee:	
PZ No:		Zone District:	