

## Mono County Community Development Department

PO Box 347  
Mammoth Lakes, CA 93546  
760.924.1800, fax 924.1801  
commdev@mono.ca.gov

### Planning Division

PO Box 8  
Bridgeport, CA 93517  
760.932.5420, fax 932.5431  
www.monocounty.ca.gov

## DIRECTOR REVIEW APPLICATION

APPLICATION # \_\_\_\_\_ FEE \$ \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

RECEIPT # \_\_\_\_\_ CHECK # \_\_\_\_\_ (NO CASH)

**APPLICANT/AGENT** Margaret Palchak

ADDRESS 15 Lower Rock Canyon Rd. CITY/STATE/ZIP Paradise, CA 93514

TELEPHONE ( 760 ) 914-1980 E-MAIL jim@itmedic.org

**OWNER**, if other than applicant \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**DESCRIPTION OF PROPERTY:**

Assessor's Parcel # 26-330-09 General Plan Land Use Designation SP

**PROPOSED USE:** Applicant(s) should describe the proposed project in detail, using additional sheets if necessary. Note: An incomplete or inadequate project description may delay project processing.

SFR Animal Standards

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I CERTIFY UNDER PENALTY OF PERJURY THAT I am:  legal owner(s) of the subject property (all individual owners must sign as their names appear on the deed to the land),  corporate officer(s) empowered to sign for the corporation, or  owner's legal agent having Power of Attorney for this action (a notarized "Power of Attorney" document must accompany the application form), AND THAT THE FOREGOING IS TRUE AND CORRECT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date