Receipt:

Check:

CITY OF ENCINITAS

Development Services Department 505 S. Vulcan Ave Encinitas, CA 92024 www.encinitasca.gov

Phone: 760-633-2710 Email: planning@encinitasca.gov

SERVICE REQUEST APPLICATION

	Authorized Agent (Attach letter of a	authorization)	Date
City:		State:	Zip:
	□Home Phone:		Phone:
Name: First:	Middle:	Last:	
	CT: (Check box for contact preference	<u>-</u>	•
□Address:			
⊐Email:	□Home Phone:		Phone:
Name: First:	Middle:	Last:	
Company Name:	□Bu	siness Phone:	
APPLICANT: □Same as PF	ROPERTY OWNER (Check box for	or contact preference: e	mail, home phone, etc
City:		State:	Zip:
□Address:			
⊐Email:	□Home Phone:		Phone:
Name: First:	Middle:	Last:	
Company Name:	□Business Phone:		
PROPERTY OWNER: (Che	ck box for contact preference: email, h	ome phone, etc.)	
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Between	And		
PROPERTY: Address:		APN:	
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brocessing lees) to the Plant	ning Division. Attach a thorough descr	iption of the request and	a briefly describe here

Cashier:

Total Paid: