



**PLANNING DEPARTMENT**

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(Staff Use Only)  
Preliminary Review No.:

Related Case(s):

**PLANNING DEPARTMENT  
REQUEST FOR PRELIMINARY REVIEW**

(PLEASE PRINT OR TYPE)

**CHECK PRELIMINARY REVIEW TYPE:**

Fee: ☐ \$1,442

**GENERAL INFORMATION:**

Applicant Name:

Phone Number:

Applicant Address:

Fax Number:

Applicant City/State/ Zip:

Email Address:

**PROPOSED PROJECT SUMMARY**

Assessor's Parcel Number:

Describe Proposed Project:

Existing Site Conditions:

**SUBMITTAL REQUIREMENT**

Please provide photos (on-site and off-site) and 3 sets of plan(s).

Include the following information on the plan(s):

Site Plan

- Location Map of the Project Area
- North Arrow and Drawing Scale
- Label Adjacent Street Names
- Label Surrounding Development
- Show and Dimension Lot Boundary
- Show and Dimension Proposed Building (s) Footprint
- Show and Dimension Parking Lot Layout
- Show Landscape Areas and Identify Major Elements

Building Elevations

- Label Building Height
- Architectural Concept

**Staff Use Only:**

Meeting date:

Staff comments:

Date/Time Received:

Received By:

Amount Received:

Receipt No(s):