PLC No: _____

APPLICATION FOR LANDSCAPE PLOT PLAN REVIEW

KERN COUNTY PLANNING AND
NATURAL RESOURCES DEPARTMENT
2700 "M" Street, Suite 100
Bakersfield, CA 93301
(805) 861-2615

SECTION A - APPLICANT

1. Name of Applicant (if not an individual, use corporate or firm name):

   _____

   Mailing Address (include Zip Code): _____

   Telephone: _____ Email: _____

2. Name of Individual Representative (if not same as above):

   _____

   Mailing Address (include Zip Code): _____

   Telephone: _____ Email: _____

SECTION B - PROPERTY OWNER(S)

1. Name of Current Record Property Owner(s):

   _____

   Mailing Address (include Zip Code): _____

   Telephone: _____ Email: _____

SECTION C - PROJECT LOCATION/DESCRIPTION

1. Site Location or Street Address (if available): _____

   _____

2. Assessor's Parcel Number(s): _____

   _____

OFFICE USE ONLY

Ministerial Permit No.: _____ Discretionary Permit No.: _____

Building Permit No.: _____ Date Filed: _____

Zone Map No.: _____ Receipt No.: _____

Existing Site Zoning: _____ Received By: _____

Approved: _____ Date: _____

Denied: _____ Date: _____

OFFICE USE ONLY

LANDSCAPE PLAN CHECKLIST

INSTRUCTIONS:

1. List the plant names in the left column.

2. Review the plan to determine that each plant meets the criteria for a landscape plan. Mark the appropriate space underneath each category if the plan complies.

Plant Name	Location	Clim. Zone	Size Gal.	I.D.	Com/ Bot.	Space	Height	Sun/ Shade	Irrig	Overall Accept.