



Development Services Department – Planning Division  
300 North Coast Highway | Oceanside, CA 92054 | (760) 435-3520

**Project Number:**  
ADM -

## Developer’s Conference Application

### General Information

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Applicant Name:

Applicant Address:

Applicant Email Address:

Applicant Phone:

Property Owner Name:

Property Owner Address:

Property Owner Email Address:

Property Owner Phone:

**To be completed if Applicant is not Property Owner:**

*I authorize the applicant indicated above to submit the application on my behalf:*

Signature of Property Owner  
(or attach a letter of authorization)

### Property Information

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Property Address:

Assessor’s Parcel Number (APN):

Lot Size:

Existing Use:

Brief Description of Project Proposal:

### Requested Meeting Date & Time *(please provide 2 options)*

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1st Choice Date:                      Time Preference:              9:30 am              10:30 am              either

2nd Choice Date:                      Time Preference:              9:30 am              10:30 am              either

### Requested Divisions to Attend *(Planning attends all meetings)*

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**Building      Fire      Water      Engineering      Traffic      Solid Waste      Other**

### Required Documents *(Attach to application or email to [planneroftheday@oceansideca.org](mailto:planneroftheday@oceansideca.org))*

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**Project Description Letter      Vicinity Map (Aerial Image)      Conceptual Site Plan & Elevations**

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**To be completed by City Staff**

*Assigned Meeting Date:*

*Time:*

*Assigned Project Planner:*