



**PLANNING DIVISION**

411 Main Street (530) 879-6800  
P.O. Box 3420  
Chico, CA 95927-3420  
www.chicoca.gov

Application No. \_\_\_\_\_

**APPLICATION FOR  
Title 19 Code Amendment**

**Applicant Information**

Applicant Name	Daytime Phone	
Applicant Street Address	Email	
City	State	Zip

Agent/Consultant Name	Daytime Phone	
Street Address	Email	
City	State	Zip

**Project Information**

Code Section(s) To Be Amended

Proposed Amendment (attach additional sheets if necessary)

Related Applications

**Required Signatures**

I hereby certify that this application and all other documents submitted are true and correct to the best of my knowledge and belief.

Applicant's Signature	Date
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**For Office Use Only**

Application Received By	Butte County Filing Fee \$50 (Check payable to Butte County)  ____ Applies  ____ Does Not Apply	Receipt No.
Date		Application Deposit \$
Assigned Planner		Environmental Review Fee \$
Tentative Hearing Date		Total Deposit \$ (Check payable to City of Chico)

**See Page 2 for Additional Information**