



MILLS ACT APPLICATION FORM

DEPARTMENT USE ONLY

MILLS ACT APPLICATION YEAR: _____

CDD FEE COLLECTED: \$ No Fee

APPLICANT TO COMPLETE

APPLICANT NAME(S) _____ PHONE _____

APPLICANT EMAIL _____

APPLICANT ADDRESS _____ CITY _____ STATE ____ ZIP _____

PROPERTY OWNER NAME(S) _____ PHONE _____

PROPERTY OWNER EMAIL _____

PROPERTY OWNER ADDRESS _____ CITY _____ STATE ____ ZIP _____

PROPERTY ADDRESS _____ ASSESSOR'S PARCEL NO. _____

ZONING _____ GENERAL PLAN DESIGNATION _____

APPLICANT'S SIGNATURE _____ DATE _____

OWNER'S SIGNATURE _____ DATE _____