



CITY OF SAN BERNARDINO
Community Development Department, Planning Division
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**LETTER OF ZONING/GENERAL PLAN CONSISTENCY
REQUEST FORM**

PL No. _____

Date: _____

Name of the Applicant: _____

Site Address: _____

APN(s): _____

Description: _____

Mailing Address (where the letter will be mailed): _____

Phone Number(s): _____

Fax Number: _____

E-Mail: _____