Letter of Intent Certificate of Subdivision Compliance

siness Name: APN(s):	one Number: siness Name: If needed, you may attach additional documents to provide more detailed information.	Applicant:	Date:
If needed, you may attach additional documents to provide more detailed information.	If needed, you may attach additional documents to provide more detailed information.		Primary Contact:
escription of proposal:	scription of proposal:	If needed, you may attac	ch additional documents to provide more detailed information.
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