



Planning Division Resubmittal Form

Planning Division
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APPLICANT TO COMPLETE

Date:	
Project Name:	
Project Address:	Suite #:
Contact Person:	Phone No.
E-Mail Address:	Fax No.
Contractor/Developer: Address: Phone:	
Project Type:	
<input type="checkbox"/> ENTITLEMENT RESUBMITTAL <input type="checkbox"/> PLAN CHECK RESUBMITTAL	Planning File # BD- or EN-
Comments:	