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| Date Received _____ |
| By _____ |
| Receipt No. _____ |
| Related Cases _____ |

**WESTERN RIVERSIDE COUNTY
MULTIPLE SPECIES HABITAT CONSERVATION PLAN
APPLICATION FOR INITIAL REVIEW**

APPLICANT TO COMPLETE

APPLICANT _____ PHONE (____) _____
 ADDRESS _____ FAX (____) _____
 CITY _____ STATE _____ ZIP _____

CONTACT PERSON _____ PHONE (____) _____
 ADDRESS _____ FAX (____) _____
 CITY _____ STATE _____ ZIP _____

PROPERTY OWNER _____ PHONE (____) _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____

SEND BILLING INQUIRES TO: _____

PROJECT DESCRIPTION

PROJECT ADDRESS/LOCATION _____

APN _____

TRACT OR PARCEL MAP _____ LOT/PARCEL NUMBER _____

GENERAL PLAN DESIGNATION / ZONE _____

MSHCP CELL NUMBER, IF KNOWN _____

BRIEF DESCRIPTION OF EXPECTED IMPROVEMENTS: _____

APPLICANT'S SIGNATURE _____ DATE _____

OWNER'S SIGNATURE _____ DATE _____

NOTE: THIS APPLICATION IS TO DETERMINE THE BASIC MITIGATION MEASURES AND OR FURTHER STUDIES, IF ANY, FOR THE PROPERTY BEING REVIEWED AS OUTLINED IN THE MULTIPLE SPECIES HABITAT CONSERVATION PLAN. A FINAL DETERMINATION OF THE MITIGATION MEASURES TO BE APPLIED TO THIS PROPERTY, IF ANY, WILL BE MADE AT THE TIME AN APPLICATION FOR A SPECIFIC DEVELOPMENT PLAN IS SUBMITTED TO THE CITY.