



CITY OF MURRIETA

Development Services Department

Planning Division

1 Town Square | Murrieta, CA 92562 | 951-461-6061

www.murrietaca.gov

Fast Track Designation Request (DS-225)

PROJECT INFORMATION

PROJECT DESCRIPTION

Project Name (if applicable): _____

Anticipated Applications: Development Plan Conditional Use Permit Tentative Map
 Change of Zone/GPA Affordable Housing Project Other _____

Eligibility Criteria:

Please answer the following questions and provide statistics on a separate sheet regarding the following criteria:

Is the project reasonably expected to provide 50 new, permanent full-time jobs within City limits, with preference to existing residents?

Yes No

Will at least ten percent of those jobs pay in excess of the average household income in Murrieta?

Yes No

Will the project generate private investment of at least \$25 million in land, building and/or equipment?

Yes No

Is the project reasonably expected to generate at least \$50 million in new, taxable retail sales, annually, commencing 24 months after certificate of occupancy?

Yes No

Check the type(s) of uses proposed in the project:

Retail

- Large Retailers and Department Stores
- Lifestyle/"Main Street" Upscale Retailers
- Quality Dining
- Entertainment/Theaters
- Specialized Upscale Grocery
- Auto Dealers
- Quality Hotels
- Electronics Stores

Corporate/Industrial

- High Technology
- Financial/Business Services
- Healthcare/Medical Facilities (Services and Devices)
- Higher Education Facilities
- Software Companies
- Engineering Firms
- Biotechnology/Life Sciences
- Defense Contractors
- Telecommunications

- Research and Development
- Federal Contract Industries
- Corporate Offices
- Green/Energy Technology (Bio-fuels/Desalination)
- Transit-Oriented Development/Mixed Use

Additional information may be required in order to determine eligibility.

PROPERTY INFORMATION

Assessor's Parcel Number(s): _____

Approximate Gross Acreage/Net Acreage: _____ Current Zoning: _____

Property Address: _____

RDA Project Area: Yes No

APPLICANT INFORMATION

APPLICANT

Contact Name: _____ E-Mail: _____

Company Name: _____ E-Mail: _____

Mailing Address: _____

Street

City

State

ZIP

Daytime Phone No: () _____ Fax No.: () _____

For Office Use Only

Approved Denied

City Manager

Date: _____