



**Department of
Community
Development**

http://ci.santa-rosa.ca.us/cd/

APPLICATION
**ANNEXATION
PREZONING**

Please Type or Print

File No.	Quad.
Related Files	
Department Use Only	

GENERAL INFO	LOCATION OF PROJECT (ADDRESS)	ASSESSOR'S PARCEL NUMBER(S)	ZONING		
	NAME OF PROPOSED PROJECT		COUNTY		
	APPLICANT NAME*	BUSINESS PHONE	HOME PHONE		
	APPLICANT ADDRESS	CITY	STATE	ZIP	
	APPLICANT REPRESENTATIVE*	BUSINESS PHONE	HOME PHONE		
	APPLICANT REPRESENTATIVE ADDRESS	CITY	STATE	ZIP	
	PROPERTY OWNER NAME* (SIGNATURE REQUIRED BELOW)	BUSINESS PHONE	HOME PHONE		
	PROPERTY OWNER ADDRESS	CITY	STATE	ZIP	
	*Please provide the name of each partnership, corporation, LLC, or trust who has an interest in the proposed land use action. Include the names of all applicants, developers, property owners, and each person or entity who holds an option on the property. Please use the Disclosure Form .				

PROJECT INFO	PROJECT DESCRIPTION - ATTACH SEPARATE SHEET IF NECESSARY					
	PROPOSED ANNEXATION					
	APN	PROPERTY OWNER	ADDRESS	PHONE	ACRES	PROPOSED ZONING
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	TOTAL NO. OF PARCELS:		TOTAL SIZE OF ANNEXATION:			
SUBMITTAL INFORMATION - See staff to determine which requirements apply						
<input type="checkbox"/> 14 Copies of a scale drawing showing proposed annexation, existing uses and surrounding parcels and uses to 300 feet.						
<input type="checkbox"/> 4 copies of Assessor's Parcel Map(s) clearly indicating parcel(s) to be annexed.						
<input type="checkbox"/> Indemnification Agreement						
<input type="checkbox"/> Environmental Assessment			<input type="checkbox"/> Site Analysis Map			
<input type="checkbox"/> Sentiment Survey			<input type="checkbox"/> Neighborhood Context Map			
<input type="checkbox"/> Property Owner's Signatures (Required for applicants only)			<input type="checkbox"/> Vicinity Map with North Arrow			
PROPERTY OWNER'S CONSENT - I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application. X _____						

DEPT	Has the City Council expanded the Annexation Boundary? ~ Yes ~ No If yes, see attached list of parcels.			
	APPLICATION	RECEIVED BY	DATE	FEE RECEIVED
	PUBLIC HEARING	× REQUIRED ~ EXEMPT	DATE	FEE RECEIVED
	ENVIRONMENTAL REVIEW	~ REQUIRED ~ EXEMPT CLASS _____	DATE	FEE RECEIVED
			RECEIPT NUMBER	RECEIPT NUMBER

INDEMNIFICATION AGREEMENT



File No.

Project name and address

As part of this application, the applicant agrees to defend, indemnify, and hold harmless the City of Santa Rosa, its agents, officers, councilmembers, employees, boards, commissions and Council from any claim, action or proceeding brought against any of the foregoing individuals or entities, the purpose of which is to attack, set aside, void or annul any approval of the application or related decision, or the adoption of any environmental documents or negative declaration which relates to the approval. This indemnification shall include, but is not limited to, all damages, costs, expenses, attorney fees or expert witness fees that may be awarded to the prevailing party arising out of or in connection with the approval of the application or related decision, whether or not there is concurrent, passive or active negligence on the part of the City, its agents, officers, councilmembers, employees, boards, commissions and Council. If for any reason, any portion of this indemnification agreement is held to be void or unenforceable by a court of competent jurisdiction, the remainder of the agreement shall remain in full force and effect.

The City of Santa Rosa shall have the right to appear and defend its interests in any action through its City Attorney or outside counsel. The applicant shall not be required to reimburse the City for attorneys fees incurred by the City Attorney or the City's outside counsel if the City chooses to appear and defend itself in the litigation.

I have read and agree with all of the above.

Applicant (please print name)

Applicant (please sign name)

Date