



APPLICATION
**CONCEPT LANDMARK
 ALTERATION**
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GENERAL INFORMATION	LOCATION OF PROJECT (ADDRESS)	ASSESSOR'S PARCEL NUMBER(S)	ZONING	
	NAME OF PROPOSED PROJECT		GENERAL PLAN DESIGNATION	
	APPLICANT NAME*	BUSINESS PHONE () -	HOME PHONE () -	
	APPLICANT ADDRESS CITY STATE ZIP		EMAIL	
	APPLICANT REPRESENTATIVE	BUSINESS PHONE () -	HOME PHONE () -	
	APPLICANT REPRESENTATIVE ADDRESS CITY STATE ZIP		EMAIL	
	PROPERTY OWNER NAME* (SIGNATURE REQUIRED BELOW)	BUSINESS PHONE () -	HOME PHONE () -	
	PROPERTY OWNER ADDRESS CITY STATE ZIP		EMAIL	
	*In the case of a partnership, all general and limited partners shall be identified. In the case of a corporation, all shareholders owning 10% or more of the stock and all officers and directors shall be identified. Please use the Partnerships and Corporations form.			
	Persons listed above will be those notified of meetings. If additional persons need to be notified, please list on additional separate sheets.			
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. <div style="text-align: right;">X _____</div>				

PROJECT DESCRIPTION	PROJECT/BUSINESS DESCRIPTION – DESCRIBE IN DETAIL YOUR PROPOSED PROJECT, ATTACH SEPARATE SHEET IF NECESSARY		
	SIZE OF PARCEL _____ SQ FT or _____ ACRES		EXISTING USE
	SUBMITTAL INFORMATION – See staff to determine which requirements apply.		
INFORMATION	<input type="checkbox"/> 10 Copies of site plan showing all dimensions. Plans must be either reduced to 11 X 17 or smaller or folded to 8 ½ X 14 max.		
	<input type="checkbox"/> 10 Copies of existing and proposed elevations. Plans must be either reduced to 11 X 17 or smaller or folded to 8 ½ X 14 max. Photos may suffice for existing elevations.		
	<input type="checkbox"/> Neighborhood Context Map <input type="checkbox"/> Vicinity Map with North Arrow <input type="checkbox"/> Site Analysis Map		
PROCESSING REVIEW PROCEDURES FOR OWNERS OF HISTORIC PROPERTIES			
<input type="checkbox"/> I am aware of, and have reviewed, the Processing Review Procedures for Owners of Historic Properties. http://web1.ci.santa-rosa.ca.us/CD/pdf/HistoricReview.pdf			

DEPARTMENT	Staff Comments:
	Cultural Heritage Board Comments:
Date Submitted:	Date Reviewed: