



APPLICATION
CONDITIONAL USE PERMIT

Please Type or Print

File No.	Quad.
Related Files	
Department Use Only	

MAJOR MINOR TEMPORARY

GENERAL INFO	LOCATION OF PROJECT (ADDRESS)	ASSESSOR'S PARCEL NUMBER(S)	EXISTING ZONING
	NAME OF PROPOSED PROJECT		GENERAL PLAN DESIGNATION
	APPLICANT NAME	BUSINESS PHONE () -	FAX () -
	APPLICANT ADDRESS CITY STATE ZIP		E-MAIL ADDRESS
	APPLICANT REPRESENTATIVE	BUSINESS PHONE () -	FAX () -
	APPLICANT REPRESENTATIVE ADDRESS CITY STATE ZIP		E-MAIL ADDRESS
	PROPERTY OWNER NAME (SIGNATURE REQUIRED BELOW)	BUSINESS PHONE () -	FAX () -
	PROPERTY OWNER ADDRESS CITY STATE ZIP		E-MAIL ADDRESS

PROJECT/BUSINESS DESCRIPTION - Describe in Detail your Proposed Project - Attach Separate Sheet if Necessary

SIZE OF PARCEL SQ FT or ACRES	GROSS SQ FT OF PROPOSED USE	PRIOR USE
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> OFFICE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER (Please Describe)	
<input type="checkbox"/> EXISTING BUILDING/REOCCUPANCY <input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> EXISTING BUILDING/REOCCUPANCY <input type="checkbox"/> NEW CONSTRUCTION	
# BEDROOMS PER UNIT	NUMBER OF BUILDINGS:	MAX EMPLOYEES PER SHIFT:
# PARKING SPACES	TOTAL SQ. FT.:	NUMBER OF SEATS/CAPACITY:
TYPE OF UNIT:	SQ. FT. OCCUPIED:	NUMBER PARKING SPACES:
<input type="checkbox"/> SINGLE FAMILY DETACHED	SQ FT EACH BUILDING (PLEASE LIST):	% LOT COVERAGE:
<input type="checkbox"/> SINGLE FAMILY ATTACHED		DAYS/HOURS OF OPERATION:
<input type="checkbox"/> SECOND UNIT <input type="checkbox"/> MULTI FAMILY		
<input type="checkbox"/> DUPLEX <input type="checkbox"/> MOBILE HOME		
% LOT COVERAGE		

SUBMITTAL INFORMATION - THESE ITEMS MUST BE SUBMITTED FOR A COMPLETE APPLICATION UNLESS INITIALED BY A CITY PLANNER

10 Copies of SITE PLAN showing all dimensions. Plan <u>MUST</u> either be reduced to 11 x 17 or foled to 8 1/2 x 14	
10 Copies of FLOOR PLANS	INDEMNIFICATION FORM (BACK OF SHEET)
VICINITY MAP WITH NORTH ARROW	DISCLOSURE FORM

ADDITIONAL SUBMITTAL INFORMATION - THESE ITEMS MAY BE REQUIRED FOR A COMPLETE APPLICATION

10 Copies of DIMENSIONED ELEVATIONS (New Construction Only)	10 Copies of LANDSCAPE PLANS (New Construction Only)
10 Copies of SITE ANALYSIS MAP (New Construction Only)	ENVIRONMENTAL ASSESSMENT (New Construction Only)
10 Copies of NEIGHBORHOOD CONTEXT MAP (New Construction Only)	Completed STORMWATER TREATMENT REGULATION WORKSHEET

COMPLETED ABC APPLICATION WORKSHEET 23958.4 B & P) (For Sales of Alcoholic Beverages)

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.

PROPERTY OWNER'S SIGNATURE _____

DEPT	APPLICATION	RECEIVED BY	DATE	FEE RECEIVED	RECEIPT NUMBER
	PUBLIC HEARING		DATE	FEE RECEIVED	RECEIPT NUMBER
	ENVIRONMENTAL REVIEW	<input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT		DATE	FEE RECEIVED \$

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 attorney's 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 to all of the above.

Applicant (please print name)

Applicant (please sign name)

ACKNOWLEDGMENT THAT COPYRIGHTED REPORTS UNACCEPTABLE

Acknowledgment that Copyrighted Reports Unacceptable

The applicant acknowledges, understands, and agrees that any soils, seismic hazard, landslide, geologic, natural hazard, or geotechnical report, study, or information submitted to the City by, or on behalf of, the applicant in furtherance of this application submitted by the applicant will be treated by the City as public records which may be reviewed by any person and if requested, that a copy will be provided by the City to any person upon the payment of its direct costs of duplication.

I have read and agree to all of the above.

Applicant (please print name)

Applicant (please sign name)