



APPLICATION DENSITY INCREASE

Please Type or Print

| | |
|----------------------------|-------|
| File No. | Quad. |
| Related Files | |
| Department Use Only | |

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|--|---|-----------------------------|--------------------------|
| GENERAL INFO | 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 | |
| | 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 | |
| * 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 <u>Partnerships & Corporations</u> form. | | | |

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|--|---|--|--|
| PROJECT DESCRIPTION - ATTACH SEPARATE SHEET IF NECESSARY | | | |
| PROJECT/BUSINESS DESCRIPTION - DESCRIBE IN DETAIL YOUR PROPOSED TYPE OF OPERATION. ATTACH SEPARATE SHEET IF NECESSARY. | | | |
| | | | |
| SPECIFIC DENSITY PROPOSED MUST MEET APPROPRIATE STATE AND LOCAL REQUIREMENTS | SIZE OF PARCEL _____ SQ FT or _____ ACRES | DENSITY PER ACRE | # OF TARGET UNITS |
| PROJECT INFO | TARGETED UNITS | | INFRASTRUCTURE |
| <input type="checkbox"/> EXISTING BUILDING/REOCCUPANCY <input type="checkbox"/> NEW CONSTRUCTION | UNIT TYPE | NUMBER OF UNITS | LOCATION OF EXISTING UTILITIES AND NAME OF COMMUNITY FACILITIES |
| # UNITS TOTAL | <input type="checkbox"/> GENERAL RENTAL VERY LOW INCOME | | <input type="checkbox"/> WATER: |
| # BEDROOMS PER UNIT | <input type="checkbox"/> GENERAL RENTAL LOW INCOME | | <input type="checkbox"/> SEWER: |
| __ Studio/1 Bdrm __ 2 Bdrm __ 3 Bdrm __ 4 Bdrm | <input type="checkbox"/> GENERAL RENTAL MODERATE INCOME | | <input type="checkbox"/> STREETS: |
| # PARKING SPACES | <input type="checkbox"/> ELDERLY RENTAL VERY LOW INCOME | | <input type="checkbox"/> PUBLIC TRANSIT: |
| TYPE OF UNIT: | <input type="checkbox"/> ELDERLY RENTAL LOW INCOME | | <input type="checkbox"/> SCHOOLS |
| <input type="checkbox"/> SINGLE FAMILY DETACHED | <input type="checkbox"/> ELDERLY RENTAL MODERATE INCOME | | |
| <input type="checkbox"/> SINGLE FAMILY ATTACHED | <input type="checkbox"/> GENERAL RENTAL VERY LOW INCOME | | |
| <input type="checkbox"/> SECOND UNIT <input type="checkbox"/> MULTI FAMILY | <input type="checkbox"/> GENERAL RENTAL VERY LOW INCOME | | |
| <input type="checkbox"/> DUPLEX <input type="checkbox"/> MOBILE HOME | | | <input type="checkbox"/> PARKS: |
| % LOT COVERAGE | TOTAL NUMBER OF UNITS | | <input type="checkbox"/> SHOPPING: |
| SUBMITTAL INFORMATION - See staff to determine which requirements apply | | | |
| <input type="checkbox"/> Current Preliminary Title Report issued within the last three months. | | | |
| <input type="checkbox"/> Required Planning Applications | | <input type="checkbox"/> Site Analysis Map | |
| <input type="checkbox"/> Indemnification Agreement | | <input type="checkbox"/> Neighborhood Context Map | |
| <input type="checkbox"/> Environmental Assessment | | <input type="checkbox"/> Vicinity Map with North Arrow | |
| <p>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.</p> <p style="text-align: right; font-size: 2em; font-weight: bold;">X _____</p> | | | |

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|------|----------------------|--|------|--------------------|----------------|
| DEPT | APPLICATION | RECEIVED BY | DATE | FEE RECEIVED \$ | RECEIPT NUMBER |
| | PUBLIC HEARING | <input type="checkbox"/> REQUIRED <input checked="" type="checkbox"/> EXEMPT | DATE | FEE RECEIVED \$ | RECEIPT NUMBER |
| | ENVIRONMENTAL REVIEW | <input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT CLASS | DATE | FEE RECEIVED \$ | 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 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 print 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 print name)