



APPLICATION
EXTENSION REQUEST

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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	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX
	APPLICANT ADDRESS	CITY STATE ZIP	EMAIL ADDRESS
	APPLICANT REPRESENTATIVE	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX
	APPLICANT REPRESENTATIVE ADDRESS	CITY STATE ZIP	EMAIL
	ENGINEER or ARCHITECT NAME	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX
	ENGINEER or ARCHITECT ADDRESS	CITY STATE ZIP	EMAIL
	PROPERTY OWNER NAME (SIGNATURE REQUIRED BELOW)	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX
PROPERTY OWNER ADDRESS	CITY STATE ZIP	EMAIL	

PROJECT INFORMATION	PROJECT/BUSINESS DESCRIPTION – Describe in detail your proposed subdivision. Attach a separate sheet if necessary.			
	SIZE OF PARCEL _____ SQ FT or _____ ACRES		EXISTING USE	
	TYPE OF APPLICATION APPROVED	NO OF EXTENSIONS	LAST APPROVAL DATE	APPROVED BY:
	<input type="checkbox"/> CONDITIONAL USE PERMIT	<input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD		<input type="checkbox"/> STAFF <input type="checkbox"/> PC <input type="checkbox"/> CITY COUNCIL
	<input type="checkbox"/> HILLSIDE DEVELOPMENT	<input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD		<input type="checkbox"/> STAFF <input type="checkbox"/> PC <input type="checkbox"/> CITY COUNCIL
	<input type="checkbox"/> TENTATIVE MAP/PARCEL MAP	<input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD		<input type="checkbox"/> STAFF <input type="checkbox"/> PC <input type="checkbox"/> CITY COUNCIL
	<input type="checkbox"/> UTILITY CERTIFICATE	<input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD		<input type="checkbox"/> STAFF <input type="checkbox"/> PC <input type="checkbox"/> CITY COUNCIL
	<input type="checkbox"/> DESIGN REVIEW	<input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD		<input type="checkbox"/> STAFF <input type="checkbox"/> PC <input type="checkbox"/> CITY COUNCIL
	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD		<input type="checkbox"/> STAFF <input type="checkbox"/> PC <input type="checkbox"/> CITY COUNCIL
CURRENT EXPIRATION DATE _____ REQUESTED EXPIRATION DATE _____				
SUBMITTAL INFORMATION – THESE ITEMS JUST BE SUBMITTED FOR A COMPLETE APPLICATION – EXTENSION REQUESTS AND FEES MUST BE SUBMITTED TO THE DEPARTMENT OF COMMUNITY DEVELOPMENT NOT LESS THAN THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE.				
10 Copies of Approved Plans or 21 Copies of Approved Maps		Vicinity Map with North Arrow		
Disclosure Form		Indemnification Form (Back of this Sheet)		
<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;">PROPERTY OWNER'S SIGNATURE: _____</p>				

DEPT	APPLICATION	RECEIVED BY:	DATE	FEE RECEIVED \$
	PUBLIC HEARING		DATE	FEE RECEIVED \$
	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)