



**APPLICATION
HILLSIDE DEVELOPMENT
PERMIT**
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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 () -		FAX () -	
	APPLICANT ADDRESS	CITY	STATE	ZIP	
	APPLICANT REPRESENTATIVE	BUSINESS PHONE () -		FAX () -	
	APPLICANT REPRESENTATIVE ADDRESS	CITY	STATE	ZIP	
	PROJECT ENGINEER	BUSINESS PHONE () -		FAX () -	
	PROJECT ENGINEER ADDRESS	CITY	STATE	ZIP	
	PROPERTY OWNER NAME (SIGNATURE REQUIRED BELOW)	BUSINESS PHONE () -		FAX () -	
	PROPERTY OWNER ADDRESS	CITY	STATE	ZIP	
PROJECT INFO	PROJECT/BUSINESS DESCRIPTION – Describe in detail your proposed type of operation. 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"/> MEDICAL/DENTAL OFFICE	<input type="checkbox"/> COMMERCIAL	
	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION	<input type="checkbox"/> INDUSTRIAL			
	<input type="checkbox"/> OTHER (Please describe) :				
	# UNITS TOTAL	<input type="checkbox"/> EXISTING BUILDING/REOCCUPANCY	<input type="checkbox"/> NEW CONSTRUCTION	LIST EXISTING TENANTS	
	# BEDROOMS PER UNIT	NUMBER OF BUILDINGS	MAX EMPLOYEES SINGLE SHIFT	USE	
	# PARKING SPACES	TOTAL SQ. FT.	# SEATS/CAPACITY	SQ FEET	
	TYPE OF UNIT:	SQ. FT OCCUPIED	# PARKING SPACES		
	<input type="checkbox"/> DETACHED UNITS	SQ. FT EACH BLDG (Please list)	% LOT COVERAGE		
	<input type="checkbox"/> ATTACHED UNITS		DAYS/HOURS OF OPERATION		
	% LOT COVERAGE				
	THE FOLLOWING ITEMS MUST BE SUBMITTED FOR A COMPLETE APPLICATION – ALL PLANS <u>MUST</u> BE EITHER REDUCED TO 11x17 OR FOLDED TO 8-1/2x14 MAX				
10 COPIES OF THE TOPOGRAPHIC MAP FOR THE ENTIRE SITE		10 COPIES OF THE SLOPE ANALYSIS MAP			
10 COPIES OF THE FLOOR PLAN SHOWING ALL DIMENSIONS		3 COPIES OF THE GEOTECHNICAL REPORT			
10 COPIES OF FULLY DIMENSIONED ELEVATIONS		3 COPIES OF THE VISUAL ANALYSIS – Not required for single family dwellings			
10 COPIES OF THE NEIGHBORHOOD CONTEXT MAP		VICINITY MAP WITH NORTH ARROW			
10 COPIES OF THE SITE AND BUILDING SECTIONS		DISCLOSURE FORM			
10 COPIES OF SITE ANALYSIS MAP		INDEMNIFICATION AGREEMENT (Back of this sheet)			
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	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 \$	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)

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