



APPLICATION
**LANDMARK
ALTERATION**

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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	<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
	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
	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

*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.

PROJECT INFO	PROJECT/BUSINESS DESCRIPTION					
	PROJECT/BUSINESS DESCRIPTION – Describe in detail your proposed project, attach separate sheet if necessary					
			SIZE OF PARCEL ____ SQ FT or ____ ACRES	PRIOR USE	EXISTING USE	
	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> MEDICAL/DENTAL OFFICE	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	
	<input type="checkbox"/> OTHER (Please describe)					
	# UNITS TOTAL		EXISTING	PROPOSED	LIST EXISTING TENANTS	
	# BEDROOMS PER UNIT	NUMBER OF BUILDINGS			USE	SQ. FT.
	# PARKING SPACES	TOTAL SQ. FT.				
	TYPE OF UNIT:	# SEATS/CAPACITY				
<input type="checkbox"/> SINGLE FAMILY	% LOT COVERAGE					
<input type="checkbox"/> DUPLEX	SQ. FT. EACH BUILDING					
<input type="checkbox"/> MULTI FAMILY	(PLEASE LIST)					
<input type="checkbox"/> SECOND UNIT						
% LOT COVERAGE						
SUBMITTAL INFORMATION – See staff to determine which requirements apply						
<input type="checkbox"/> 10 COPIES OF SITE PLANS SHOWING ALL DIMENSIONS. PLAN MUST BE EITHER REDUCED TO 11 X 17 OR FOLDED TO 8-1/2 X 14 MAX						
<input type="checkbox"/> 10 COPIES OF EXISTING AND PROPOSED ELEVATIONS AND LANDSCAPE PLAN SHOWING ALL DIMENSIONS. PLAN MUST BE EITHER REDUCED TO 11 X 17 OR FOLDED TO 8-1/2 X 14 MAX						
<input type="checkbox"/> 10 COPIES OF NEIGHBORHOOD CONTEXT MAP			<input type="checkbox"/> 10 COPIES OF SITE ANALYSIS MAP			
<input type="checkbox"/> ENVIRONMENTAL ASSESSMENT			<input type="checkbox"/> VICINITY MAP WITH NORTH ARROW			
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 _____						
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						

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