



APPLICATION
**MODIFICATION OF
 FINAL MAP/PARCEL MAP**

Please Type or Print

File No:	Quadrant
Related Files:	
Set:	
DEPARTMENT USE ONLY	

www.srcity.org

G E N E R A L I N F O	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
	PROPERTY OWNER NAME *(SIGNATURE REQUIRED BELOW)	BUSINESS PHONE () -	FAX () -
<p><small>*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.</small></p>			

P R O J E C T I N F O	PROJECT DESCRIPTION/REASON FOR THE MODIFICATION OF THE RECORDED FINAL MAP/PARCEL MAP		
	Explain in detail the reason for the modification. Attach a separate sheet if necessary.		
		SIZE OF PARCEL _____ SQ FT OR _____ ACRES	EXISTING USE
SUBMITTAL INFORMATION – See staff to determine which requirements apply			
<input type="checkbox"/> 21 copies of the recorded final map or 14 copies of the recorded parcel map			
<input type="checkbox"/> 21 copies of proposed modified final map or certificate of modification (prepared by a civil engineer or land surveyor)			
<input type="checkbox"/> 14 copies of proposed modified parcel map or certificate of modification (prepared by a civil engineer or land surveyor)			
<input type="checkbox"/> Vicinity Map with North Arrow		<input type="checkbox"/> Indemnification Agreement	
<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: center;">X _____</p>			

D E P T	APPLICATION	RECEIVED BY	DATE	FEE RECEIVED \$	RECEIPT NUMBER
	PUBLIC HEARING	<input type="checkbox"/> REQUIRED <input 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)