



APPLICATION
**UTILITY
CERTIFICATE**
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G E N E R A L I N F O	LOCATION OF PROJECT (ADDRESS)	ASSESSOR'S PARCEL NUMBER (S)	EXISTING ZONINGS
	NAME OF PROPOSED PROJECT		GENERAL PLAN DESIGNATION
	APPLICANT NAME	BUSINESS PHONE () -	FAX () -
	APPLICANT ADDRESS	CITY STATE ZIP	EMAIL ADDRESS
	APPLICANT REPRESENTATIVE	BUSINESS PHONE () -	FAX () -
	APPLICANT REPRESENTATIVE ADDRESS	CITY STATE ZIP	EMAIL ADDRESS
	PROPERTY OWNER NAME (SIGNATURE REQUIRED BELOW)	BUSINESS PHONE () -	FAX () -
	PROPERTY OWNER ADDRESS	CITY STATE ZIP	EMAIL ADDRESS

P R O J E C T I N F O	PROJECT/BUSINESS DESCRIPTION – Describe in detail your proposed type of operation. Attach a separate sheet if necessary			
	SIZE OF PARCEL _____ SQ FT OR _____ ACRES	EXISTING USE	PROPOSED USE	
	<input type="checkbox"/> SEWER <input type="checkbox"/> EXISTING <input type="checkbox"/> NEW USE <input type="checkbox"/> EXPANSION OF EXISTING Size of Building(s) _____ Name of County Planner (If Applicable) _____ Telephone Number of County Planner (If Applicable) _____	<input type="checkbox"/> WATER <input type="checkbox"/> EXISTING <input type="checkbox"/> NEW USE <input type="checkbox"/> EXPANSION OF EXISTING	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	IS THERE A HEALTH HAZARD? HAS THE PROPERTY BEEN CERTIFIED AS HAVING A HEALTH HAZARD?* IS PROPERTY LOCATED INA COUNTY ISLAND? IS PROPERTY LOCATED ADJACENT TO CITY LIMITS? IS PROPERTY LOCATED IN AN ASSESSMENT DISTRICT FOR WATER OR SEWER SERVICES? IS PROPERTY LOCATED IN A CITY/COUNTY AGREEMENT AREA FOR WATER OR SEWER SERVICE? IS THERE A MASTER UTILITY CERTIFICATE FOR THIS PROPERTY?			
	SUBMITTAL INFORMATION – THESE ITEMS MUST BE SUBMITTED FOR A COMPLETE APPLICATION UNLESS INITIALED BY PLANNER			
	10 Copies of SITE PLAN showing all dimensions, showing the layout of the building on the lot and the location of existing water and sewer, along with wells, septic tanks and all leach lines, and their existing structures and features. Plans <u>must</u> be either reduced to 11 x 17 or folded to 8 ½ x 14 max.			
	10 Copies of BUILDING ELEVATIONS necessary to show the general overall development and use of the property (if applied to county for design review). Does not apply to single family dwellings, duplexes or triplexes.			
	10 Copies SITE ANALYSIS MAP	10 Copies of the NEIGHBORHOOD CONTEXT MAP		
	VICINITY MAP WITH A NORTH ARROW	INDEMNIFICATION AGREEMENT (BACK OF THIS SHEET)		
ANNEXATION COVENANT – See Utilities Department	OUT OF AGENCY AGREEMENT (Except for South Park Sanitation District)			
1 Copy of PRELIMINARY TITLE REPORT issued within last 3 months if project is a subdivision				
* SEPTIC AND WELL HEALTH HAZARD CERTIFICATION by the County Health Department				
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 date may invalidate any approval of this application.				
PROPERTY OWNER'S SIGNATURE: _____				
RECEIVED BY:	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)