



PLANNING APPLICATION

Project Address/Location: _____ **APN:** _____

Applicant(s)

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Property Owner(s)

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Project Description: What do you want to do? _____

Property Owner Authorization:

By signing this application I certify that I have reviewed this completed application and the attached material and consent to its filing. I agree to allow the Community Development Department to duplicate and distribute plans to interested persons as it determines is necessary for the processing of the application.

Signed Date

Applicant/Representative Certification:

I understand the City might not approve what I am applying for or might set conditions of approval. I agree to allow the Community Development Department to duplicate and distribute plans to interested persons as it determines is necessary for processing of the application.

Signed Date

Permission to Access Property

This section is to be completed by the **property owner** and/or occupant who controls access to the property. To adequately evaluate many project proposals Community Development Department Staff, Commissioners and City Council Members will have to gain access to the exterior of the real property in order to adequately review and report on the proposed project. Your signature below certifies that you agree to give the City permission to access the project site from 8 a.m. to 5 p.m., Monday through Friday, as part of the normal review of this planning application.

Signed Date

Indemnification Agreement:

The Owner/Applicant shall defend, indemnify and hold harmless the City or its agents or officers and employees from any claim, action or proceeding against the City or its agents, officers or employees, to attack, set aside, void, or annul, in whole or in part, the City's approval of this project. In the event that the City fails to promptly notify the Owner / Applicant of any such claim, action or proceeding, or that the City fails to cooperate fully in the defense of said claim, this condition shall thereafter be of no further force or effect.

Signed Date

FOR OFFICE USE ONLY:

Date Application Submitted: _____ Fee Collected: \$ _____

Date Application Complete: _____ Receipt Number: _____

File Number(s): _____

Planner Initials: _____ Associated Permits: _____