

City of Oroville

Planning Division - Community Development Department

1735 Montgomery Street Oroville, CA 95965-4897 (530) 538-2430 FAX (530) 538-2426 <u>www.cityoforoville.org</u>

TRAKIT#:

PLANNING DIVISION GENERAL APPLICATION

(Please print clearly and fill in all that apply)

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APPLICANT'S INFORMATION				Project's:									
Name:					Name:								
Address:					Company:								
Phone:						Address:							
Email:						Phone:							
Is the applicant the Owner? owner /agent			owner /agent a		owner, please provide ation on the reverse	Email:							
		DEVELOP	side. MENT PRO	JEC	TS & OTHER A	APPLICATIONS	S (Ple	ase ch	eck all tl	nat app	ly)		
Annexation					Landmark /Modification/Demolition				Tentative Parcel Map				
Α	Appeal				Mining and Reclamation Plan			-	Tentative Subdivision Map				
	Development Review				Pre-Application				Use Permit				
F	Final Map				Residential Density Bonus			,	Variance				
G	General Plan Amendment/Rezone				Temporary Use			,	Wireless Communication Facilities				
L	Landmark Designation				Tentative Map Extension				Zoning Clearance				
C	Other: (Please Specify)												
		•	ADMINIS	TRA	TIVE PERMITS	(Please check	all th	at app	oly)				
A	Adult Oriented Business Outdoor Storag				е	Special Event							
F	Home Occupation				Outdoor Display & Sales			;	Street Closure				
Large Family Day Care				Second Dwelling Unit				Tree Removal					
Mobile Food Vendor				Sign/Temporary Sign Permit									
Other: (Please Specify)													
site pla	*Please provide a letter addressed to the Planning Division with a detailed description for the proposed project. Please include any site plans, maps, aerials, photos, and other relevant information that will help us in processing your application. ** Any time a set of plans is required, three (3) sets of drawings shall be submitted, unless otherwise directed.												
					PROJECT IN	FORMATION							
Project	Project Name:				Proposed Structure(s) (Sq Ft.):								
Address:					Existing Structure(s) (Sq Ft.):								
Nearest Cross Street:					Water Provider:								
Assessor Parcel Number:					School District:								
					Number of Dwelling Units:								
APPLICANT'S SIGNATURE													
I hereby certify that the information provided in this application is, to my knowledge, true and correct.													
Signature: Date: OFFICE USE ONLY													
General Plan: Zoning: Zoning Conformity: APN:													
			Overlay Z		:	Minimum Setba		FY	/ (RY		SY	
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AGENT AUTHORIZATION						
To the City of Oroville, Department of Community Development						
NAME OF AGENT:		PHONE NUMBER:				
COMPANY NAME:		EMAIL:				
ADDRESS:		CITY/ST/ZIP:				
AGENT SIGNATURE:						
Is hereby authorized to process this application on my/our property, identified as Butte County Assessor Parcel Number (s):						
This authorization allows representation for all applications, hearings, appeals, etc. and to sign all documents necessary for said processing, but not including document (s) relating to record title interest.						

Owner(s) of Record (sign and print name)

1)			
1)	Print Name of Owner	Signature of Owner	Date
2)	Print Name of Owner	Signature of Owner	Date
3)	Print Name of Owner	Signature of Owner	Date
4)			
	Print Name of Owner	Signature of Owner	Date
	Owner's Mailing Address	Owner's Email	Owner's Phone #

The Community Development Department operates on a full cost recovery for processing of permits. Staff will charge their time and any expenses associated with processing the application against the initial deposit. Fees that have been captured for the reimbursement of City expenses are non-refundable.

Technology cost recovery fees are non-refundable