



City of Oroville

Engineering Division – Public Works Department

1735 Montgomery Street
 Oroville, CA 95965-4897
 (530) 538-2401 FAX (530) 538-2426
www.cityoforoville.org

TRAKIT#:

ENGINEERING DIVISION GENERAL APPLICATION

(Please print clearly and fill in all that apply)

APPLICANT'S INFORMATION		OWNER INFORMATION	
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	
Is the applicant the Owner?	<input type="checkbox"/>	If applicant is Not the owner, please provide owner/agent authorization on the reverse side.	
APPLICATION TYPE			
<input type="checkbox"/>	Amendment to Final Map	<input type="checkbox"/>	Final Parcel Map
<input type="checkbox"/>	BAD Fee Deposit	<input type="checkbox"/>	Final Subdivision Map
<input type="checkbox"/>	Certificate of Merger	<input type="checkbox"/>	Grading Permit
<input type="checkbox"/>	CDF Annexation Fee Deposit	<input type="checkbox"/>	LLMAD Fee Deposit
<input type="checkbox"/>	Deferred Curb, Gutter & Sidewalk	<input type="checkbox"/>	Temporary Legal Lot Determination
<input type="checkbox"/>	Erosion Control Permit	<input type="checkbox"/>	Lot Line Adjustment
<input type="checkbox"/>	Other: (Please Specify)		
PROJECT INFORMATION			
Project Name:		Proposed Structure(s) (Sq Ft.):	
Address:		Existing Structure(s) (Sq Ft.):	
Nearest Cross Street:		Water Provider:	
Assessor Parcel Number:		School District:	
Lot Size (Sqft or Acres):		Number of Dwelling Units:	
PROJECT DESCRIPTION			
Full description of proposed project (attach additional sheets if necessary). If this application is for a land division, describe the number and size of parcels:			
APPLICANT'S SIGNATURE			
I hereby certify that the information provided in this application is, to my knowledge, true and correct.			
Signature:			Date:

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)	..... 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 #

.....
Print Name of California Civil
Engineer/Land Surveyor

.....
Phone Number

.....
Email Address

.....
Mailing Address

The Public Works 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