



# City of Oroville

Planning Division - Community Development Department

1735 Montgomery Street  
 Oroville, CA 95965-4897  
 (530) 538-2430 FAX (530) 538-2426  
[www.cityoforoville.org](http://www.cityoforoville.org)

TRAKIT#:

## PLANNING DIVISION GENERAL APPLICATION

(Please print clearly and fill in all that apply)

<b>APPLICANT'S INFORMATION</b>				Project's:			
Name:				Name:			
Address:				Company:			
Phone:				Address:			
Email:				Phone:			
Is the applicant the Owner?				Email:			
		If applicant is <b>Not</b> the owner, please provide owner /agent authorization on the reverse side.					
<b>DEVELOPMENT PROJECTS &amp; OTHER APPLICATIONS</b> (Please check all that apply)							
Annexation				Landmark /Modification/Demolition			
Appeal				Mining and Reclamation Plan			
Development Review				Pre-Application			
Final Map				Residential Density Bonus			
General Plan Amendment/Rezone				Temporary Use			
Landmark Designation				Tentative Map Extension			
Other: (Please Specify)							
<b>ADMINISTRATIVE PERMITS</b> (Please check all that apply)							
Adult Oriented Business				Outdoor Storage			
Home Occupation				Outdoor Display & Sales			
Large Family Day Care				Second Dwelling Unit			
Mobile Food Vendor				Sign/Temporary Sign Permit			
Other: (Please Specify)							
*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.							
<b>PROJECT INFORMATION</b>							
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 (Acres):				Number of Dwelling Units:			
<b>APPLICANT'S SIGNATURE</b>							
I hereby certify that the information provided in this application is, to my knowledge, true and correct.							
Signature:						Date:	
<b>OFFICE USE ONLY</b>							
General Plan:		Zoning:		Zoning Conformity:		APN:	
File#		Overlay Zoning:		Minimum Setbacks:		FY	RY
						SY	

## 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 #

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