



City of Oroville

Planning Division - Community Development Department

Leonardo DePaola
DIRECTOR

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

TRAKIT#:

PLANNING DIVISION GENERAL APPLICATION

(Please print clearly and fill in all that apply)

APPLICANT'S INFORMATION		Project's:	
Name:	Brad Long	Name:	Oroville Veterans Village Phase 1.
Address:	153 Hartnell Ave #200 Redding, CA 96001	Company:	Veterans Development Housing Corporation
Phone:	530-355-2818	Address:	153 Hartnell Ave #200 Redding, CA 96001
Email:	BLONG@NATIONSFINEST.ORG	Phone:	530-355-2818
Is the applicant the Owner?	<input type="checkbox"/>	<small>If applicant is Not the owner, please provide owner /agent authorization on the reverse side.</small>	Email: BLONG@NATIONSFINEST.ORG

DEVELOPMENT PROJECTS & OTHER APPLICATIONS (Please check all that apply)

<input type="checkbox"/>	Annexation	<input type="checkbox"/>	Landmark /Modification/Demolition	<input type="checkbox"/>	Tentative Parcel Map
<input type="checkbox"/>	Appeal	<input type="checkbox"/>	Mining and Reclamation Plan	<input checked="" type="checkbox"/>	Tentative Subdivision Map
<input checked="" type="checkbox"/>	Development Review	<input type="checkbox"/>	Pre-Application	<input type="checkbox"/>	Use Permit
<input type="checkbox"/>	Final Map	<input type="checkbox"/>	Residential Density Bonus	<input type="checkbox"/>	Variance
<input checked="" type="checkbox"/>	General Plan Amendment/Rezone	<input type="checkbox"/>	Temporary Use	<input type="checkbox"/>	Wireless Communication Facilities
<input type="checkbox"/>	Landmark Designation	<input type="checkbox"/>	Tentative Map Extension	<input type="checkbox"/>	Zoning Clearance
<input type="checkbox"/>	Other: (Please Specify)				

ADMINISTRATIVE PERMITS (Please check all that apply)

<input type="checkbox"/>	Adult Oriented Business	<input type="checkbox"/>	Outdoor Storage	<input type="checkbox"/>	Special Event
<input type="checkbox"/>	Home Occupation	<input type="checkbox"/>	Outdoor Display & Sales	<input type="checkbox"/>	Street Closure
<input type="checkbox"/>	Large Family Day Care	<input type="checkbox"/>	Second Dwelling Unit	<input type="checkbox"/>	Tree Removal
<input type="checkbox"/>	Mobile Food Vendor	<input type="checkbox"/>	Sign/Temporary Sign Permit	<input type="checkbox"/>	
<input type="checkbox"/>	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.

PROJECT INFORMATION

Project Name: Oroville Veterans Housing	Proposed Structure(s) (Sq Ft.): 17,034
Address: 711 Montgomery Street	Existing Structure(s) (Sq Ft.): 0
Nearest Cross Street: 6th Ave	Water Provider: City of Oroville
Assessor Parcel Number: 012-064-011	School District: Oroville
Lot Size (Acres): .64	Number of Dwelling Units: 12

APPLICANT'S SIGNATURE

I hereby certify that the information provided in this application is, to my knowledge, true and correct.

Signature:  Date: 9-25-2020

OFFICE USE ONLY

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