



# APPLICATION CONDITIONAL USE PERMIT

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[www.srcity.org](http://www.srcity.org)

MAJOR     
  MINOR     
  TEMPORARY

GENERAL INFORMATION	LOCATION OF PROJECT (ADDRESS)	ASSESSOR'S PARCEL NUMBER(S)	EXISTING ZONING		
	NAME OF PROPOSED PROJECT	GENERAL PLAN DESIGNATION			
	APPLICANT NAME	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX		
	APPLICANT ADDRESS	CITY	STATE	ZIP	EMAIL
	APPLICANT REPRESENTATIVE	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX	
	APPLICANT REPRESENTATIVE ADDRESS	CITY	STATE	ZIP	EMAIL
	PROPERTY OWNER NAME (SIGNATURE REQUIRED BELOW)	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX	
	PROPERTY OWNER ADDRESS	CITY	STATE	ZIP	EMAIL

<b>PROJECT/BUSINESS DESCRIPTION – (Attach separate sheet if necessary.)</b>				
SIZE OF PARCEL	GROSS SQ FT OF PROPOSED USE	PRIOR USE		
_____ SQ FT or _____ ACRES				
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OTHER (Please describe)
<input type="checkbox"/> EXISTING BUILDING/REOCCUPANCY	<input type="checkbox"/> EXISTING BUILDING/REOCCUPANCY	<input type="checkbox"/> NEW CONSTRUCTION		LIST EXISTING TENANTS
<input type="checkbox"/> NEW CONSTRUCTION				
# UNITS TOTAL:	# BUILDINGS:	MAX EMPLOYEES/SHIFT:	USE	SQ. FT.
# BEDROOMS PER UNIT:	TOTAL SQ. FT.:	# SEATS/CAPACITY:		
# PARKING SPACES:	SQ. FT. OCCUPIED:	# PARKING SPACES:		
TYPE OF UNIT:	SQ FT EACH BUILDING (Please list):	% LOT COVERAGE:		
<input type="checkbox"/> SINGLE FAMILY DETACHED		DAYS/HOURS OF OPERATION:		
<input type="checkbox"/> SINGLE FAMILY ATTACHED				
<input type="checkbox"/> SECOND UNIT	<input type="checkbox"/> MULTI-FAMILY			
<input type="checkbox"/> DUPLEX	<input type="checkbox"/> MOBILE HOME			
% LOT COVERAGE				

<b>SUBMITTAL INFORMATION – THESE ITEMS MUST BE SUBMITTED FOR A COMPLETE APPLICATION UNLESS INITIALED BY A CITY PLANNER</b>	
Plan <b>MUST</b> either be reduced to 11 X 17 or folded to 8 ½ X 14	
10 Copies of <b>SITE PLAN</b> showing all dimensions.	<b>DISCLOSURE FORM</b>
10 Copies of <b>FLOOR PLANS</b>	<b>VICINITY MAP WITH NORTH ARROW</b>
10 Copies of <b>NEIGHBORHOOD CONTEXT MAP</b>	<b>INDEMNIFICATION FORM</b> (Back of sheet)
<b>ADDITIONAL SUBMITTAL INFORMATION – THESE ITEMS MAY BE REQUIRED FOR A COMPLETE APPLICATION</b>	
10 Copies of <b>DIMENSIONED ELEVATIONS</b> (New construction only)	<b>ENVIRONMENTAL ASSESSMENT</b> (New construction only)
10 Copies of <b>SITE ANALYSIS MAP</b> (New construction only)	Completed <b>STORMWATER DETERMINATION WORKSHEET</b>
10 Copies of <b>LANDSCAPE PLANS</b> (New construction only)	
Completed <b>ABC APPLICATION WORKSHEET 23958.4 B &amp; P</b> (For sales of alcoholic beverages)	
<b>PROPERTY OWNER'S CONSENT</b> – I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.	
<b>PROPERTY OWNER'S SIGNATURE</b> _____	

DEPT	APPLICATION	RECEIVED BY	DATE	FEE RECEIVED \$
	PUBLIC HEARING		DATE	FEE RECEIVED \$
	ENVIRONMENTAL REVIEW	<input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT	DATE	FEE RECEIVED \$



**INDEMNIFICATION AGREEMENT**

File No: \_\_\_\_\_

Project Name and Address: \_\_\_\_\_

As part of this application, the applicant agrees to defend, indemnify, and hold harmless the City of Santa Rosa, its agents, officers, councilmembers, employees, boards, commissions and Council from any claim, action or proceeding brought against any of the foregoing individuals or entities, the purpose of which is to attack, set aside, void, or annul any approval of the application or related decision, or the adoption of any environmental documents or negative declaration which relates to the approval. This indemnification shall include, but is not limited to, all damages, costs, expenses, attorney fees or expert witness fees that may be awarded to the prevailing party arising out of or in connection with the approval of the application or related decision, whether or not there is concurrent, passive or active negligence on the part of the City, its agents, officers, councilmembers, employees, boards, commissions and Council. If for any reason, any portion of this indemnification agreement is held to be void or unenforceable by a court of competent jurisdiction, the remainder of the agreement shall remain in full force and effect.

The City of Santa Rosa shall have the right to appear and defend its interests in any action through its City Attorney or outside counsel. The applicant shall not be required to reimburse the City for attorney's fees incurred by the City Attorney or the City's outside counsel if the City chooses to appear and defend itself in the litigation.

I have read and agree to all of the above.

\_\_\_\_\_  
Applicant (please print name)

\_\_\_\_\_  
Applicant (please sign name)

**ACKNOWLEDGMENT THAT COPYRIGHTED REPORTS SUBMITTED TO THE CITY SHALL BE CONSIDERED PUBLIC RECORDS**

The applicant acknowledges, understands, and agrees that any soils, seismic hazard, landslide, geologic, natural hazard, or geotechnical report, study, or information submitted to the City by, or on behalf of, the applicant in furtherance of this application submitted by the applicant will be treated by the City as public records pursuant to the CA Public Records Act which may be reviewed by any person and if requested, that a copy will be provided by the City to any person upon the payment of its direct costs of duplication.

I have read and agree to all of the above.

\_\_\_\_\_  
Applicant (please print name)

\_\_\_\_\_  
Applicant (please sign name)

**COPYRIGHT MATERIALS RELEASE-** To the extent that your application submittal packet includes plans or drawings prepared by a licensed, registered or certified professional, as defined pursuant to the California Health and Safety Code Section 19851 or Business and Professions Code Section 5536.25, such as a licensed engineer, architect or other design professional, the City must first obtain the signature release and permission of said professional prior to publication or reproduction of any such plans or drawings. Such drawings and plans may also be protected by copyright laws. The City of Santa Rosa hereby requests permission to reproduce and publish plans and drawings submitted with your application packet for purposes of more effectively and efficiently facilitating the entitlement review process, including making plans and drawings available on the City's website for public review and providing electronic reproductions to the City's review boards. The purpose of this request is limited solely to the purpose of facilitating the timely review of this application, and the plans and drawings will not be utilized by the City for other purposes. To assist the City in this process, please provide below the signatures of all of those who have prepared plans and drawings to be submitted with this application.

Engineer Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**ENGINEER /SURVEYOR'S SIGNATURE** \_\_\_\_\_

Architect Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**ARCHITECT/DESIGNER'S SIGNATURE** \_\_\_\_\_

Landscape Architect Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**LANDSCAPE ARCHITECT/DESIGNER SIGNATURE** \_\_\_\_\_