



APPLICATION
REZONING
 Please Type or Print

File No	Quadrant
Related Files:	
Sets:	
DEPARTMENT USE ONLY	

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G E N E R A L I N F O	LOCATION OF PROJECT (ADDRESS)		ASSESSOR'S PARCEL NUMBER(S)		EXISTING ZONING		
	NAME OF PROPOSED PROJECT				GENERAL PLAN DESIGNATION		
	APPLICANT NAME		BUSINESS PHONE () -		FAX () -		
	APPLICANT ADDRESS		CITY	STATE	ZIP	EMAIL	
	APPLICANT REPRESENTATIVE		BUSINESS PHONE () -		FAX () -		
	APPLICANT REPRESENTATIVE ADDRESS		CITY	STATE	ZIP	EMAIL	
	ENGINEER NAME		BUSINESS PHONE () -		FAX () -		
	ENGINEER ADDRESS		CITY	STATE	ZIP	EMAIL	
	PROPERTY OWNER NAME (SIGNATURE REQUIRED BELOW)		BUSINESS PHONE () -		FAX () -		
PROPERTY OWNER ADDRESS		CITY	STATE	ZIP	EMAIL		
P R O J E C T I N F O	PROJECT/BUSINESS DESCRIPTION – Describe in detail your proposed project – attach separate sheet if necessary						
	ASSESSOR'S PARCEL NUMBER	ACRES	EXISTING ZONING USE		PROPOSED ZONING USE		
	SUBMITTAL INFORMATION – THESE ITEMS MUST BE SUBMITTED FOR A COMPLETE APPLICATION UNLESS INITIALED BY A CITY PLANNER						
	14 COPIES OF SCALE DRAWING DEPICTING THE ZONING AND THE EXISTING LAND USE OF THE SUBJECT PARCEL AND SURROUNDING PARCELS WITHIN 300 FT						
1 COPY OF PRELIMINARY TITLE REPORT ISSUED WITHIN LAST 3 MONTHS INCLUDING A COMPLETE LEGAL DESCRIPTION							
14 COPIES OF NEIGHBORHOOD CONTEXT MAP			14 COPIES OF SITE ANALYSIS MAP*				
DISCLOSURE FORM			VICINITY MAP WITH NORTH ARROW				
INDEMNIFICATION FORM (BACK OF THIS SHEET)			IF PD DISTRICT , SEE WORKSHEET FOR ADDITIONAL SUBMITTAL REQUIREMENTS				
PROPERTY OWNER'S CONSENT – 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.							
X _____							
D E P T	APPLICATION	RECEIVED BY	DATE	FEE RECEIVED \$	RECEIPT NUMBER		
	PUBLIC HEARING		DATE	FEE RECEIVED \$	RECEIPT NUMBER		
	ENVIRONMENTAL REVIEW	<input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT	DATE	FEE RECEIVED \$	RECEIPT NUMBER		



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 print name)

ACKNOWLEDGMENT THAT COPYRIGHTED REPORTS UNACCEPTABLE

Acknowledgment that Copyrighted Reports Unacceptable

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 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 print name)