



APPLICATION LOT MERGER

File No.	Quadrant
Related Files:	
Set:	
DEPARTMENT USE ONLY	

www.srcity.org

GENERAL INFO	LOCATION OF PROJECT (ADDRESS)	ASSESSOR'S PARCEL NUMBER(S)	ZONING
	NAME OF PROPOSED PROJECT		GENERAL PLAN DESIGNATION
	APPLICANT NAME*	BUSINESS PHONE () -	HOME PHONE () -
	APPLICANT ADDRESS	CITY STATE ZIP	EMAIL
	APPLICANT REPRESENTATIVE	BUSINESS PHONE () -	HOME PHONE () -
	APPLICANT REPRESENTATIVE ADDRESS	CITY STATE ZIP	EMAIL
	PROPERTY OWNER NAME* (SIGNATURE REQUIRED BELOW)	BUSINESS PHONE () -	HOME PHONE () -
	PROPERTY OWNER ADDRESS	CITY STATE ZIP	EMAIL
<p>* In the case of a partnership, all general and limited partners shall be identified. In the case of a corporation, all shareholders owning 10% or more of the stock and all officers and directors shall be identified. Please use the <u>Partnerships & Corporations</u> form.</p>			

PROJECT INFO	PROJECT DESCRIPTION <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OFFICE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER		
	REASON FOR THE LOT MERGER:		
	APN	ADDRESS	PARCEL SIZE
	SUBMITTAL INFORMATION - See staff to determine which requirements apply		
	<input type="checkbox"/> PRELIMINARY MAP ACCURATELY SHOWING: <ul style="list-style-type: none"> The entire boundary lines of the existing lots with a North arrow, scale, legend, and with the property lines fully dimensioned, and the proposed lot merger. The location and uses of any existing or proposed buildings or structures, public improvements, vehicular access, water courses, septic systems, existing trees, shrubs, rocks, etc. which may be directly affected by the lot merger. Plans must be either reduced to 11 x 17 or folded to 8 ½ X 14 max. 		
	A Preliminary Title Report issued within the last three months on each parcel to be merged.		
	<input type="checkbox"/> Vicinity Map with North Arrow		
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 _____			

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



INDEMNIFICATION AGREEMENT

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 (print name)

Applicant (sign name)

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 (print name)

Applicant (sign name)



ELECTRONIC/DIGITAL SIGNATURE DISCLOSURE

Project Address: _____

I understand and agree that (i) electronically signing and submitting any document(s) to the City of Santa Rosa legally binds me in the same manner as if I had signed in a non-electronic or non-digital form, and (ii) the electronically stored copy of my signature, any written instruction or authorization and any other document provided to me by the City of Santa Rosa, is considered to be the true, accurate and legally enforceable record in any proceeding to the same extent as if such documents were originally generated and maintained in printed form. I agree not to contest the admissibility or enforceability of the City of Santa Rosa's electronically stored copy of any other documents.

By using the system to electronically sign and submit any document, I agree to the terms and conditions of this Electronic/Digital Signature Disclosure.

Signature: _____ Date: _____

Title: _____ Relationship to Project: _____

Company/Organization: _____