

FILE NO.:	
ASSESSOR'S PARCEL NO.:	
FINAL ACTION & DATE:	

City of Calistoga

Planning & Building Department Application Form

1232 Washington Street Calistoga CA 94515 707.942.2827 707.942.2831 fax

PLANNING APPLICATION FORM

Applicant Information

Applicant's Name:	Phone:	Fax:	E-Mail Address:
Applicant's Mailing Address:	City:	State/Zip Code:	
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Property Owner's Name: (if different from Applicant)	Phone:	Fax:	E-Mail Address:
Property Owner's Mailing Address:	City:	State/Zip Code:	
Agent's Name: (if different from Applicant)	Phone:	Fax:	E-Mail Address:
Agent's Mailing Address:	City:	State/Zip Code:	
Other Representative: (Engineer/Architect)	Phone:	Fax:	E-Mail Address:
other Representative. (Engineer/Architect)	THORE.	Tax.	L-iviali Addi C33.
Representative's Mailing Address:	City:	State/Zip Code:	
	-	<u>, </u>	
Property Information			
Project Name and Address:			
Assessor's Parcel Number(s):			

Application Type (For Staff Use)

Growth Management Allocation number or exception status: ___

Site of site (acreage and/or square footage): ___

General Plan designation: _

☐ Appeal	☐ General Plan Amendment	☐ Subdivision
☐ Certificate of Compliance	☐ Lot Line Adjustment	☐ Tentative Map
☐ CEQA Compliance	☐ Municipal Code Amendment	☐ Tentative Parcel Map
☐ Conceptual Design Review/Pre-	☐ Planned Development Plan	☐ Amendment Tentative Map
Application Conference		☐ Amendment Tentative Parcel Map
☐ Conditional Use Permit	☐ Public Convenience and Necessity	☐ Modification to Final Map
□ Administrative	☐ ABC License	☐ Variance
☐ Amendment	☐ Rent Vehicles	☐ Voluntary Merger
☐ Major	☐ Rezone	☐ Zoning Ordinance Amendment
☐ Design Review	☐ Sign Permit	☐ Other:
☐ Development Agreement		

_____ Zoning: __

Detailed Project Description (required): A typed, detailed project description is required that describes the proposed development or use(s); the existing site conditions/uses; the number, size, type and nature of any proposed residential dwelling units or total amount of new non-residential square-footage by type of use. Please see specific submittal handouts for details to describe.

Conditions of Application

Signature and Date

- 1. All materials and representations submitted in conjunction with this form shall be considered a part of this application.
- 2. The owner shall inform the Planning Division in writing of any changes.
- 3. Agent authorization: The property owner authorizes the listed agent(s) and/or other representative(s) to appear before staff, the Planning Commission and City Council to file applications, plans and other information on the owner's behalf.
- 4. Indemnification: The applicant agrees to defend, indemnify and hold the City, its agents, officers and employees harmless from any claim, action or proceeding to attack, set aside, void or annul and approval of the City concerning the project, as long as the City promptly notifies the applicant of any such claim, action or proceedings and the City cooperates fully in the defense.
- 5. I hereby authorize employees of the City of Calistoga to enter upon the subject property, as necessary, to inspect the premises and process this application.

I have read and agree with all of the above. The above information and attached documents are true and correct to the best of my knowledge. All property owners holding a title interest must sign the application form. If there are more than two property owners, list their names, mailing addresses, phone numbers and signatures on a separate sheet of paper.

If you wish notice of meetings/correspondence to be sent to parties other than those listed on page 1, please list them on

Property Owner's Signature and Date

Property Owner's Signature and Date

Property Owner's Signature and Date

Owner/Agent Statement

I am either the legal owner of record of the land specified in this application or am authorized and empowered to act as an agent on behalf of the owner of record on all matters relating to this application. I declare that the foregoing is true and correct and accept that false or inaccurate owner authorization may invalidate or delay action on this application.

Date Received/Staff Initials:	Application Fees				
	DDA Account # & Deposit Amount				
	Total Fees Due	\$			
	Check No.				