



PLANNING APPLICATION

CITY OF DORRIS

307 South Main Street, Dorris CA 96023
Phone: (530) 397-3511 / Fax: (530) 397-8831

Application No: _____ Date Filed: _____

Fees Paid: _____ Date Application Complete: _____

(the above is completed by staff)

I. GENERAL DATA REQUIRED

A. Name of Applicant (please print): _____

B. Address or Location of Property: _____

C. Assessor's Parcel Number(s): _____

D. Site Area (acres/sq. ft.): _____

E. Current Land Use Designation: _____ F. Proposed Land Use Designation: _____

G. Current Zoning: _____ H. Proposed Zoning: _____

I. Existing Use of Property: _____

J. Description of Proposal: _____

(continue on separate sheets if necessary)

II. APPLICANT INFORMATION

A. APPLICANT: In signing this application, I, as applicant, represent to have obtained authorization from the property owner to file this application. I agree to be bound by conditions of approval, subject only to the right to object at the hearings on the application or during the appeal period. If this application has not been signed by the property owner, I have attached separate documentation of full legal capacity to file the application. I certify that the information and exhibits submitted are true and correct.

Name (Pls. Print): _____ Daytime Telephone: _____

Company: _____ Other Telephone: _____

Address: _____ Fax: _____

City: _____ Zip: _____ E-mail: _____

Signature: _____ Date: _____

III. AUTHORIZATION AND CONSENT OF PROPERTY OWNER

A. PROPERTY OWNER: In signing this application, I, as property owner, have full legal capacity to, and hereby do, authorize the filing of this application. I understand that conditions of approval are binding and agree to be bound by those conditions, subject only to the right to object at the hearings or during the appeal period. I hereby certify that the facts, statements, and information presented within this application form are true and correct to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissions of any information required in this application form may result in my application being delayed or not approved by the City. I hereby certify that I have read and fully understand all the information required in this application form. I further agree and grant authorization to enter said property to the City for the limited purpose of examining the property with respect to the proposed project/land use. The authorization is valid from the date of this application until the date of project determination or withdrawal. In applying for this application(s), I also agree to diligently process and complete all requirements necessary for said application(s) to be considered complete and ready for processing and I hereby do agree that failure to do so constitutes an abandonment of said application(s) and my desire to withdraw said application(s).

I FURTHER AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE CITY OF DORRIS, ITS AGENTS, OFFICERS AND EMPLOYEES FROM ANY LEGAL CHALLENGE RESULTING FROM THIS APPLICATION. I FURTHER STIPULATE THAT IF I FAIL TO COMPLY WITH SAID AGREEMENT THAT I AGREE AND CONSENT TO THE CITY RESCINDING ANY AND ALL APPROVALS THAT ARE SUBJECT TO THIS APPLICATION.

Name (Pls. Print): _____ Daytime Telephone: _____
Company: _____ Other Telephone: _____
Address: _____ Fax: _____
City: _____ Zip: _____ E-mail: _____
Signature: _____ Date: _____

Name (Pls. Print): _____ Daytime Telephone: _____
Company: _____ Other Telephone: _____
Address: _____ Fax: _____
City: _____ Zip: _____ E-mail: _____
Signature: _____ Date: _____

Name (Pls. Print): _____ Daytime Telephone: _____
Company: _____ Other Telephone: _____
Address: _____ Fax: _____
City: _____ Zip: _____ E-mail: _____
Signature: _____ Date: _____

IV. OTHER PROPERTY OWNERS, REPRESENTATIVES AND OTHERS WHO SHOULD RECEIVE REPORTS AND LEGAL NOTICES

Name (Pls. Print): _____ Daytime Telephone: _____
Company: _____ Other Telephone: _____
Address: _____ Fax: _____
City: _____ Zip: _____ E-mail: _____
Check one: Property Owner Representative Other (describe) _____

Name (Pls. Print): _____ Daytime Telephone: _____
Company: _____ Other Telephone: _____
Address: _____ Fax: _____
City: _____ Zip: _____ E-mail: _____
Check one: Property Owner Representative Other (describe) _____

Name (Pls. Print): _____ Daytime Telephone: _____
Company: _____ Other Telephone: _____
Address: _____ Fax: _____
City: _____ Zip: _____ E-mail: _____
Check one: Property Owner Representative Other (describe) _____

(The information below will be completed by staff.)

ENVIRONMENTAL REVIEW

Categorical Exemption _____ Negative Declaration _____ Env. Impact Report _____
Have Mitigation Measures Been Adopted? Yes _____ No _____
Notice of Exemption/Notice of Determination Filed On: _____
State Clearinghouse Number (if available): _____

APPROVAL OR DENIAL

Approved: _____ Denied: _____ Date of Approval or Denial: _____
Approving Resolution(s): _____ Date(s) of Adoption: _____
Resulting Ordinance(s): _____ Date(s) of Adoption: _____
Is the Project Subject to Conditions of Approval? Yes _____ No _____