



# PLANNING APPLICATION

## CITY OF DUNSMUIR

5915 Dunsmuir Avenue, Dunsmuir CA 96025

Phone: (530) 235-4822 / Fax: (530) 235-4824

Application No: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Fees Paid: \_\_\_\_\_ Receipt No. \_\_\_\_\_

Date Application Determined Complete: \_\_\_\_\_ \*

\* All required information must be submitted and all fees paid prior to the application being determined complete.

### I. GENERAL DATA REQUIRED

A. Name of Applicant (please print): \_\_\_\_\_

B. Address/Location of Property (attach grant deed): \_\_\_\_\_

C. Assessor's Parcel Number(s): \_\_\_\_\_

D. Site Area (acres/sq. ft.): \_\_\_\_\_

E. Current General Plan Land Use Designation: \_\_\_\_\_

F. Proposed General Plan Land Use Designation: \_\_\_\_\_

G. Current Zoning: \_\_\_\_\_ H. Proposed Zoning: \_\_\_\_\_

I. Existing Use of Property: \_\_\_\_\_

J. Detailed Project Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheets if necessary.)

### II. AUTHORIZATION AND CONSENT

**A. APPLICANT:** In signing this application, I, as applicant, represent to have obtained authorization from the property owner to file this application.

**B. PROPERTY OWNER:** In signing this application, I, as property owner, have full legal capacity to, and hereby do, authorize the filing of this application.

**C. PROPERTY OWNER AND APPLICANT:** 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 the

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 and the associated application guidelines. 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 DUNSMUIR, ITS AGENTS, OFFICERS, CONSULTANTS, 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: \_\_\_\_\_  
Check one:  Property Owner  Applicant

Name (Pls. Print): \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_  
Company: \_\_\_\_\_ Other Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Check one:  Property Owner  Applicant

Name (Pls. Print): \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_  
Company: \_\_\_\_\_ Other Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Check one:  Property Owner  Applicant

Name (Pls. Print): \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_  
Company: \_\_\_\_\_ Other Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Check one:  Property Owner  Applicant

**III. OTHER PROPERTY OWNERS AND PROJECT REPRESENTATIVES 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) \_\_\_\_\_

**IV. ATTACHMENTS**

Please list all plans and attachments included with the application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**- For Office Use Only -**

**ENVIRONMENTAL DETERMINATION**

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**

Date Application Heard: PC: \_\_\_\_\_ CC: \_\_\_\_\_  
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 \_\_\_\_\_