APPLICATION FORM

City of Rio Dell Community Development Department 675 Wildwood Avenue • Rio Dell, CA. 95562 • (707) 764-3532 • Fax (707) 764-5480

INSTRUCTIONS;

- 1. Applicant/Agent complete Sections I, II and III below.
- 2. It is recommended that the Applicant/Agent schedule a Pre-Application meeting with the Community Development Department. A minimal fee is required for the meeting. This is not a mandatory meeting, however, Pre-Application meeting will identify potential issues associated with the project and could help avoid processing delays.
- 3. Applicant/Agent must submit all marked items on the reverse side of this form.

SECTION I	
APPLICANT (Project will be processed under the Business name, if applicable.)	AGENT (Communications from the City will be directed to agent.)
Business Name:	Business Name:
Contact Person:	Contact Person:
Mailing Address:	Mailing Address:
City, St, Zip:	City, St, Zip:
Phone: Fax:	Phone: Fax:
Email:	Email:
OWNER(S) OF RECORD (If different from applicant.)	
Owner's Name:	Owner's Name:
Mailing Address:	Mailing Address:
City, St, Zip:	City, St, Zip:
Phone: Fax:	Phone: Fax:
Email:	Email:
PROJECT LOCATION	
Address:	· · · · · · · · · · · · · · · · · · ·
Assessor Parcel Number(s)	
SECTION II	
PROJECT DESCRIPTION Describe the proposed project (attach add	
SECTION III	
OWNER'S AUTHORIZATION & ACKNOWLEDGEMENT	
I hereby authorize the City of Rio Dell to process this application for a development permit and further authorize the City of Rio Dell and employees of the California Department of Fish and Game to enter upon the property described above as reasonably necessary to evaluate the project. I also acknowledge that processing of applications that are not complete or do not contain truthful and accurate information will be delayed, and may result in denial or revocation of approvals. I further acknowledge that the applicant is responsible to pay 100% of all actual costs based on the City current hourly burdened rates. If processing costs exceed 80% of the deposit, an additional deposit will be required to continue processing the application. The City will not commence with the processing of any application or consultation unless accounts owed the City are paid in full.	
Applicant's Signature	Date
If the applicant is not the owner of record: I hereby authorize the appresent me in all matters concerning the application.	olicant/agent to file this application for a development permit and to
Owner of Record Signature	Date
Owner of Record Signature	Date

THIS SIDE TO BE COMPLETED BY STAFF THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH THE APPLICATION ADDITIONAL INFORMATION MAY BE REQUIRED BASED ON REFERRAL AGENCY COMMENTS $\overline{\mathbf{V}}$ Archaeological/Cultural Resources Survey Deposit/Filing Fee \$ ___ $\overline{\mathbf{A}}$ Fee Schedule **Biological Assessment Building Elevations** Plot Plan ☐ 6 copies ☐ 10 copies **Construction Plans** Tentative Map □ 10 copies □ 15 copies Drainage/Hydraulics Study (3 "wet" signed copies) Tentative Map/Plot Plan Checklist General Plan Consistency Justification Landscaping Plan Preliminary Title Report (two copies prepared within six Lighting/Photometric Plan months of the time of application) Parking Plan Lot Book Guarantee (two copies prepared within six months of the time of application) Plan of Operation **Current Grant Deed Public Interest Justification** Creation Deed Soils/Geologic Report (3 "wet" signed copies) Chain of Title Soils/Septic Information (3 "wet" signed copies) Traffic Study (3 "wet" signed copies) Check made payable to the County of Humboldt Variance Justification for \$ _____ for Soils/Septic Review. Other PROJECT TYPE Appeal ☐ City Council ☐ Planning Commission General Plan Amendment ☐ Extension Certificate of Compliance Zone Reclassification ☐ Extension Conditional Use Permit ☐ Extension Text Amendment ☐ Extension Design Review ☐ Extension **Preliminary Review** Final Map Subdivision ☐ Extension Lot Line Adjustment ☐ Extension Parcel Map Subdivision ☐ Extension Parcel Merger **Preliminary Review** Variance ☐ Extension Information Request **Project Modification** Substantial Conformance Review Other _____ Date: __ Application Received By: ___ _____ Receipt #: _____ General Plan Designation: ___ _ Zoning Designation: __

##