



GENERAL PLANNING APPLICATION

APPLICATION FOR

- | | | |
|--|---|--|
| <input type="checkbox"/> Certificate of Compliance | <input type="checkbox"/> Exception | <input type="checkbox"/> Sign Review |
| <input type="checkbox"/> Pre-Application/Concept Design Review | <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Use Permit |
| <input type="checkbox"/> Design Review | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Subdivision/Tent. Map | <input type="checkbox"/> Zone Change/Planned Dev |
| <input type="checkbox"/> Environmental Review | <input type="checkbox"/> Sign Program/Amendment | <input type="checkbox"/> Other |

REVIEW/HEARING BODIES

- | | | |
|---|---|--|
| <input type="checkbox"/> Design Review Board | <input type="checkbox"/> Zoning Administrator | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Staff/Administration | <input type="checkbox"/> City Council | |

APPLICATION FOR

STREET ADDRESS: _____	ASSESSOR'S PARCEL NO(S): _____
EXISTING ZONING: _____	GENERAL PLAN DESIGNATION: _____
PRESENT USE OF PROPERTY: _____	SIZE OF PROPERTY: _____

APPLICANT INFORMATION

PROPERTY OWNER NAME: _____	TELEPHONE/FAX: _____
ADDRESS: _____	EMAIL: _____
CITY/ZIP: _____	
AUTHORIZED AGENT/APPLICANT NAME: RAY CASSIDY	TELEPHONE/FAX: _____
ADDRESS: _____	EMAIL: _____
CITY/ZIP: _____	
CONTACT (if different from above): _____	TELEPHONE/ EMAIL: _____

DETAILED DESCRIPTION OF PROJECT

DO NOT WRITE BELOW THIS LINE: See Conditions of Application on Reverse

FILL OUT UPON RECEIPT APPLICATION DATE: _____ RECEIVED BY: _____ FEES: \$ _____ STAFF PERSON: _____ COMPLETENESS DATE: _____ CEQA ASSMT: _____ DATE: _____	ACTION BY: STAFF: _____ DATE: _____ ZA: _____ DATE: _____ PC: _____ DATE: _____ CC: _____ DATE: _____ CDD: _____ DATE: _____
--	--

CONDITIONS OF APPLICATION

- 1) All materials submitted in conjunction with this form shall be considered a part of this application.
2) The property owner and applicant authorize the Community Development Department to reproduce plans and exhibits as necessary for the processing of this application...
3) This application will not be considered filed and processing may not be initiated until the Planning Division determines that the submittal is complete...
4) The property owner authorizes the listed authorized agent(s)/contact(s) to appear before the City Council, Planning Commission, Design Review Board and Zoning Administrator...
5) The Owner shall inform the Planning Division in writing of any changes.
6) INDEMNIFICATION: As a condition of this application, applicant agrees to defend, indemnify, release and hold harmless the City, its agents, officers, attorneys, employees, boards and commissions from any claim, action or proceeding brought against any of the foregoing individuals or entities...
7) ATTORNEY'S EXPENSES COST REIMBURSEMENT: As a condition of this application, applicant agrees to be responsible for the payment of all City Attorney expenses and costs...
8) RECOVERY OF ATTORNEY'S FEES BY PREVAILING PARTY: In any action brought to enforce the applicant's obligations, including the Indemnification and Attorneys' Expenses Cost Reimbursement conditions set forth above...
9) COST BASED FEE SYSTEM (not applicable to flat fee applications): Applicant agrees to pay to the City all incurred costs, both direct and indirect, including State-mandated costs, associated with review and processing of the accompanying application for land use approval(s)...

I have read and agree with all of the above. I declare under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge.

Property Owner: Dominican Valley LLC Dated: 12/5/2023

Authorized Agent/Applicant: Raymond Cassidy Dated: 12/5/2023

Applicant is signing the Indemnification Provision under protest.