

# GENERAL APPLICATION FORM

Department of Community Development

Planning Division  
 1110 West Capitol Avenue  
 West Sacramento, CA 95691  
 (916) 617-4645

**A**

This application form is required as part of any request to process the planning actions listed below. In addition, the City of West Sacramento Zoning Code requires specific material to be submitted in conjunction with this form.



Other required items are indicated on the accompanying instruction packets, and development brochures. It is the applicant's responsibility to insure that application packages are complete and accurate.

**Note: AN INCOMPLETE APPLICATION CANNOT BE ACCEPTED OR SCHEDULED FOR HEARING**

## Department Use Only

Work Order Number \_\_\_\_\_ Project Number \_\_\_\_\_ Planner \_\_\_\_\_  
 Date Received \_\_\_\_\_ Fee Paid \_\_\_\_\_  
 Permits Plus File Number \_\_\_\_\_ General Plan Designation \_\_\_\_\_ Zoning \_\_\_\_\_

## Entitlements Requested

- General Plan Amendment
- Rezone
- Tentative Subdivision Map
- Certificate of Compliance
- Specific Plan/Framework Plan Amendment
- Tentative Parcel Map
- Vesting Tentative Map
- Variance
- Design Review
- Use Permit
- Lot Line Adjustment
- Planned Development
- Development Agreement
- Other \_\_\_\_\_

Is this request a part of another application?  Yes  No If so, what? \_\_\_\_\_

## Owner/Applicant

If entitlement requires an initial deposit for submittal, please indicate invoice recipient below. If invoice recipient is not among the choices listed below, please include their contact information on an additional sheet of paper.

Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Invoice Recipient

Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Invoice Recipient

Primary Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Invoice Recipient

Architect/Engineer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Invoice Recipient

## Detailed Project Description/Justification for Request

On a separate sheet, please explain your request in detail and why you believe your request is justified. Please describe your property, proposal and requested entitlements.

## Project Location

Project Name: \_\_\_\_\_

Project Type(s)  Commercial  Industrial  Residential  Other  
 Mixed Use

Site Address or location \_\_\_\_\_  
\_\_\_\_\_

Total acres \_\_\_\_\_

Assessor's parcel number(s) \_\_\_\_\_  
\_\_\_\_\_

## Commercial/Industrial Development

Gross Building Area Proposed \_\_\_\_\_

How many lots will be created? \_\_\_\_\_

Number of proposed buildings? \_\_\_\_\_

Project includes drive-thru facility?

Yes  No

Does request include signage?  Yes  No

## Residential Development

How many residential units are being requested?

Single Family \_\_\_\_\_ Condominiums \_\_\_\_\_ Duplex \_\_\_\_\_

Townhomes \_\_\_\_\_ Half-Plex \_\_\_\_\_ Other \_\_\_\_\_

Apartments \_\_\_\_\_ Total Units \_\_\_\_\_

How many lots will be created by this project? \_\_\_\_\_

Do you intend to market the units for sale?  Yes  No

Do you intend to market the units for rent?  Yes  No

I hereby certify that the above information and accompanying documents are true and accurate to the best of my knowledge and acknowledge that the processing of this application may require additional fees and expenses for the preparation of necessary environmental documentation and planning studies. I certify that I have reviewed the current Hazardous Waste and Substances Site List, developed pursuant to AB 3750, and found that my project is not on the list.

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT SIGNATURE OF LEGAL OWNER OR OFFICIAL AGENT.**

### Check one:

- Ownership
- Power of Attorney
- Contract to Purchase
- Other

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Owner \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Legal Owner(s) \_\_\_\_\_ Date \_\_\_\_\_