



# Development Application Process (DAP) Form

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**CITY OF COLTON - Development Services Department**

DO NOT WRITE HERE  
FOR OFFICE USE ONLY

File #: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

Staff: \_\_\_\_\_ Date: \_\_\_\_\_

APN: \_\_\_\_\_

**INSTRUCTIONS:** Please print or type. If the form does not provide enough space for an answer, you may attach additional sheets. If you feel a question is not applicable, write "N/A" for not applicable.

**Entitlements Requested:**

- Architectural/ Site Plan Review
- Conditional Use Permit
- General Plan Amendment
- Lot Merger
- Lot Line Adjustment
- Parcel Map
- Sign Design Review
- Tentative Map
- Variance – Major
- Variance - Minor
- Zone Change
- Other \_\_\_\_\_

Property Address(es) (If known) \_\_\_\_\_

Assessor's Parcel Number(s) \_\_\_\_\_

Existing (Previous) Land Use(s) \_\_\_\_\_

Proposed Land Use(s) \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

**Brief Description of Proposal (general description to be completed by the applicant):**  
**DO NOT WRITE 'SEE ATTACHED'**

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

**Property Owner's Certification** (if property owner's name does not match County Assessor records, attach a copy of the **Grant Deed** as proof of ownership)

I hereby certify that I am the record owner(s) of the property stated above. By signing below, I further authorize the submittal of this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title (if company) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

Company Name \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
FAX Number

Mailing Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_



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Property Address (If none, Assessor's Parcel No.)

Does the use involve one of the following (for any answers "yes", describe the activity in the space below:

- Changes to the exterior faces of buildings?  Yes  No
- Does the site have water service?  Yes  No
- Does the site have sewer service?  Yes  No
- Sloped or hillside either within the subject property or adjacent?  Yes  No
- Alcohol, including beer & wine?  Yes  No If yes, ABC License Type \_\_\_\_\_ (see Alcohol CUP Questionnaire)
- Assembly uses, including cultural institutions or religious assembly such as churches?  Yes  No
- Food preparation or handling?  Yes  No
- Entertainment activities, whether primary or ancillary to a main use?  Yes  No
- Storage, service, sale, display or use (delivery services) involving automobiles, trucks, or other vehicles as part of the activity?  Yes  No
- School, educational, or training activities?  Yes  No
- Outdoor storage or activities outside enclosed buildings?  Yes  No
- Project completed in phases (not completed all at one time)?  Yes  No
- Do all buildings on the site have fire sprinklers?  Yes  No

Detailed project description (Attach additional sheets if more space is needed.)

If residential, include the number of units, unit sizes, range of sale prices or rents, type of household sizes, amenities to be provided, landscaping, etc. If non-residential, include type of activities, hours of operation, employees per shift, estimated occupancy, loading facilities, truck and equipment type, and daily truck trips, etc.

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### Applicant's Certification

I hereby certify that I am the applicant for this application and that the preceding statements are true.

|                             |                             |                              |                         |
|-----------------------------|-----------------------------|------------------------------|-------------------------|
| _____<br>Signature          |                             | _____<br>Date                |                         |
| _____<br>Print Contact Name | _____<br>Title (if company) | (_____)_____<br>Phone Number |                         |
| _____<br>Company Name       |                             | (_____)_____<br>FAX Number   |                         |
| _____<br>Mailing Address    | _____<br>City, State        | _____<br>Zip Code            | _____<br>E-mail Address |



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## CITY OF COLTON - Development Services Department

Number of lots: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Lot Size(s): \_\_\_\_\_

Number of employees: \_\_\_\_\_ Zoning: \_\_\_\_\_ Building Size(s): \_\_\_\_\_

Estimated time schedule for project completion (occupancy) after project approval: \_\_\_\_\_

Other permits and/or public approvals needed, including those required by Federal, State, and Regional agencies, or prior or current public approvals for the site:

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

Attach any deed and/or easement restrictions.

### Other Contacts:

#### Designer/Architect:

\_\_\_\_\_  
Print Contact Name Title (if company) (\_\_\_\_\_) Phone Number

\_\_\_\_\_  
Company Name (\_\_\_\_\_) FAX Number

\_\_\_\_\_  
Mailing Address City, State Zip Code E-mail Address

#### Engineer:

\_\_\_\_\_  
Print Contact Name Title (if company) (\_\_\_\_\_) Phone Number

\_\_\_\_\_  
Company Name (\_\_\_\_\_) FAX Number

\_\_\_\_\_  
Mailing Address City, State Zip Code E-mail Address

#### Coordinator:

\_\_\_\_\_  
Print Contact Name Title (if company) (\_\_\_\_\_) Phone Number

\_\_\_\_\_  
Company Name (\_\_\_\_\_) FAX Number

\_\_\_\_\_  
Mailing Address City, State Zip Code E-mail Address



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File #: \_\_\_\_\_

CITY OF COLTON - Development Services Department

## CITY OF COLTON WATER AND SEWER USE DETERMINATION APPLICATION

**THIS FORM MUST BE FILED BY THE OWNER OR LEGAL AGENT OF THE OWNER.**  
*(NOTE: Single Family Residential Project applicants are not required to file this form).*

INDIVIDUAL'S NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CONSTRUCTION OFFICE NAME (if applicable): \_\_\_\_\_

CONSTRUCTION OFFICE ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ALTERNATE CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

BEST TIME TO CALL: \_\_\_\_\_

STATEMENT OF INTENDED USE: (i.e., Industrial Park, Medical Office)

\_\_\_\_\_

\_\_\_\_\_

|            |           |      |
|------------|-----------|------|
| PRINT NAME | SIGNATURE | DATE |
|------------|-----------|------|

This form will be kept on file in the office of Public Works.  
If ownership changes, the City must be notified within 30 days.

**FOR CITY USE ONLY:**

|           | BACKFLOW | PRE-TREAT | OTHER (EXPLAIN) |
|-----------|----------|-----------|-----------------|
| PROPOSED: | _____    | _____     | _____           |
| AS BUILT: | _____    | _____     | _____           |

CITY OF COLTON COMMUNITY DEVELOPMENT DEPARTMENT

# LETTER OF AUTHORIZATION

TO: CITY OF COLTON COMMUNITY DEVELOPMENT DEPARTMENT

FROM: (NAME) \_\_\_\_\_  
(ADDRESS) \_\_\_\_\_  
(TEL. NO.) \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

RE: APPLICATION NUMBER (S) \_\_\_\_\_  
ASSESSOR PARCEL NO.(S) \_\_\_\_\_  
\_\_\_\_\_

THIS LETTER IS TO NOTIFY YOU THAT I (WE), AS LEGAL OWNER(S) OF THE PROPERTY DESCRIBED IN EXHIBIT "B" ATTACHED HEREBY AUTHORIZE:

(NAME) \_\_\_\_\_  
(ADDRESS) \_\_\_\_\_  
(TEL. NO.) \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

TO FILE AND REPRESENT MY (OUR) INTEREST IN THE ABOVE REFERENCED APPLICATION(S)

SIGNATURE(S) OF LEGAL OWNER(S):

DATE

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

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC