

CITY OF COLTON
COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING DIVISION - DEVELOPMENT APPLICATION FORM

(PLEASE PRINT OR TYPE)

Fee Paid: \$ _____ File #: _____
 Receipt #: _____ Date: _____

This form must be filled out to apply for Conditional Use Permits, General Plan Amendments, Subdivisions (Tentative Tract Map, Tentative Parcel Map or Condominiums), Variances, Zone Changes, and any other project to be reviewed by the Planning Division. If the form does not provide enough space for an answer, you may attach additional sheets. If you feel a question is not applicable to your project, write "N/A." If you have any questions while completing this application, please ask a member of the Planning Division for assistance. **THE APPLICATION FORM MUST BE FILLED OUT ENTIRELY OR IT WILL NOT BE ACCEPTED.**

PROJECT LOCATION (STREET ADDRESS AND GENERAL DESCRIPTION): _____

PROPERTY ASSESSOR'S PARCEL NUMBER(S): APN _____ **DISTRICT:** _____

APPLICANT: _____ (_____) _____
 Company Phone Number
 _____ (_____) _____
 Representative FAX Number

 Address City Zip Code E-mail Address

PROPERTY OWNER: _____ (_____) _____
 Company (Notate if Same as Applicant) Phone Number
 _____ (_____) _____
 Representative FAX Number

 Address City Zip Code E-mail Address

COORDINATOR _____ (_____) _____
 Company Phone Number
 _____ (_____) _____
 Representative FAX Number

 Address City Zip Code E-mail Address

ARCHITECT, ENGINEER or DESIGNER: _____ (_____) _____
 Company Phone Number
 _____ (_____) _____
 Representative FAX Number

 Address City Zip Code E-mail Address

Check person to whom all correspondence is to be sent (only one):

- Applicant Coordinator/Developer Architect Engineer

REQUEST:

- Conditional Use Permit
- General Plan Amendment
- Design Review
- Tentative Tract Map or Condo
- Other _____
- Variance - Minor
- Variance - Major
- Zone Change
- Environmental Assessment

PRESENT ZONE CLASSIFICATION: _____

PRESENT PROPERTY USE: _____

DEVELOPMENT DESCRIPTION: _____

Detailed project description - state exactly what use is intended for the property, including type of activities, estimated occupancy, loading facilities, vehicle types, daily truck trips, landscaping percentages, hours of operation, and employees per shift.

If residential project, include the number of units, unit sizes, range of sale prices or rents, amenities to be provided, landscaping, etc. Include total lot area and dimensions.

IF THERE ARE ANY DEED AND/OR EASEMENT RESTRICTIONS, PLEASE ATTACH DOCUMENTATION.

Number of Existing Lots: _____

Number of Proposed Lots: _____

	Existing / Proposed	<u>Sq. Ft.</u>	<u>No. of Floors</u>	<u>No. of Parking Spaces</u>
<input type="checkbox"/> Building 1	_____	_____	_____	_____
<input type="checkbox"/> Building 2	_____	_____	_____	_____
<input type="checkbox"/> Building 3	_____	_____	_____	_____
<input type="checkbox"/> Building 4	_____	_____	_____	_____

Proposed Public Improvements (check)

None _____ Curbs and Gutters _____ Streets _____ Street Trees _____

Sidewalks _____ Street Lights _____ Traffic Control Devices _____

Storm Drains _____ Street Name Signs _____ Other _____

Proposed Public Utilities (check)

None _____ Electricity _____ Gas _____ Water _____ Telephone _____

Sewer (if private disposal system, give percolation rates of soil) _____

Time Schedule for Project Completion: _____

List and describe any other related permits and other public approvals required for this project, including those required by City, Regional, State and Federal Agencies:

ZONING ORDINANCE CONFORMITY:

If there are any portions of this project that do not meet the minimum zoning requirements, such as setbacks, parking, zoning, etc., give a full description of the problem.

If none – mark not applicable (N/A).

STATEMENT OF VERIFICATION:

I hereby certify, under penalty of perjury, statements and information presented in this application and in the attached exhibits are true and correct, to the best of my knowledge and belief.

Print Name

Signature

Date

IMPORTANT:

If signature is other than that of property owner, please attach owner's proof of acknowledgment for the request. The form for this purpose is included with individual instructions.

DETERMINATION OF APPLICABILITY OF C.E.Q.A. GUIDELINES (for Department use only)

- Project is categorically exempt as per Section 15300 of CEQA Guidelines:
 - Ministerial project, Section 15300.1
 - Existing facility, Section 15301
 - Replacement or reconstruction of above, Section 15302
 - New construction of small structures, Section 15303
 - Minor alterations to the conditions of land, Section 15304
 - Alterations in land use limitations (lot line adjustments, variances, etc.), Section 15305
 - Information collections, Section 15306
 - Accessory structures, Section 15311 (includes on-premise signs)
 - Minor land divisions, Section 15315
 - Small hydroelectric project, Section 15328
 - Cogeneration project, Section 15329
 - Other: _____

- Project is not categorically exempt and requires an Environmental Review.

APPLICATION ACCEPTANCE:

- Development application is found to be complete and is hereby accepted for department processing.

Signature of Reviewer

Date

File #: _____

**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