City of Woodland

Community Development Department
300 First St, Woodland CA 95695
(530) 661-5820 Fax (530) 406-0832
www.cityofwoodland.org

General Application Form

1. Owner/Applicant

PROPERTY OWNER: _____

MAILING ADDRESS: _____

CITY STATE ZIP CODE: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

PROJECT APPLICANT _____

MAILING ADDRESS: _____

CITY STATE ZIP CODE: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

2. Application Requested

- ❑ General Plan Petition
- ❑ Zoning Amendment
- ❑ General Plan Amendment
- ❑ Tentative Subdivision Map
- ❑ Tentative Parcel Map
- ❑ Lot Line Adjustment
- ❑ Site Plan Review
- ❑ Design Review
- ❑ Sign Design Review
- ❑ Conditional Use Permit (CUP)
- ❑ Zoning Administrator Permit
- ❑ Variance
- ❑ Public Convenience or Necessity
- ❑ Other _____

Is this request part of another application? ❑ Yes ❑ No **If so, what?** _____

3. Project Description

Project Name: _____

Site address or location: _____

Total Acres or Square Feet _____

Assessor's Parcel Number: _____

Is Your Project Located in a Flood Zone?

❑ Yes ❑ No

Does this request include signage?

❑ Yes ❑ No

4. Justification for Request

☞ **On a separate sheet, explain in detail your request and why you believe your request is justified.**

5. General Plan Amendment

Existing General Plan Designation	Gross Acres	Proposed General Plan Designation	Gross Acres
_____	_____	_____	_____

6. Zoning Amendment

Existing Land Use Zone	Gross Acres	Proposed Land Use Zone	Gross Acres
_____	_____	_____	_____

7. Residential Development

No. of residential units are being requested? _____

Single Family	_____	Half-plex	_____
Duplex	_____	Apartments	_____
Condominiums	_____	Other	_____
Townhomes	_____	**Total Units**	_____

No. of 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**

8. Commercial/Industrial Development

Indicate the type of commercial/industrial development proposed:

_____

Indicate the gross and leasable square footage for each type of development:

_____

9. Authority to File Application

Check one:

❑ Property Ownership ❑ Power of Attorney*

❑ Contract to Purchase* ❑ Other

Specify _____

*Attach Evidence of Authority

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.

Date Recived Stamp Here

APPLICATION WILL NOT BE ACCEPTED WITHOUT SIGNATURE OF LEGAL OWNER OR OFFICIAL AGENT

Applicant: **Date**

Legal Owner: **Date**

Legal Owner: **Date**

DEPARTMENT USE ONLY

Amount Paid: _____ Project No: _____

Amount Due:: _____ Logged by:_____ Date: _____

GP / Zoning Designation: _____ Planner: _____ Date: _____