



General Application Form

1. OWNER/APPLICANT

Property Owner:	Project Applicant:
_____	_____
Mailing Address:	Mailing Address:
_____	_____
City State Zip Code:	City State Zip Code:
_____	_____
Phone Number:	Phone Number:
_____	_____
E-mail Address:	E-mail Address:
_____	_____

2. PROJECT DESCRIPTION

Project Name:	Site Address or Location:
_____	_____
Total Acres or Square Feet:	Assessor's Parcel Number(s):
_____	_____
General Plan Land Use Designation:	Is Project in Flood Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____
Existing Zoning:	Requested Entitlement/Permit Type:
_____	_____

PROJECT NARRATIVE/JUSTIFICATION STATEMENT: On a separate sheet, please provide a written description of the project being proposed for development including justification. It must include a description of the project and detailed scope of work including how the project will address potential negative effects on the community. A Design Concept Narrative is also required for Site Plan and Design Review entitlement requests.

3. AUTHORITY TO FILE APPLICATION

Check one: Property Owner Power of Attorney* Contract to Purchase* Other*

*Attach Evidence of Authority/Letter of Agency (see attached template)

ACKNOWLEDGEMENT: *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.*

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

_____	Date	_____	Date
Applicant		Applicant	

_____	Date	_____	Date
Legal Owner		Legal Owner	

DEPARTMENT USE ONLY

Entitlement Type

- | | | |
|--|---|---|
| <input type="checkbox"/> Zoning Administrator Permit (ZAP) | <input type="checkbox"/> Zoning Amendment | <input type="checkbox"/> Sign Plan |
| <input type="checkbox"/> Conditional Use Permit (CUP) | <input type="checkbox"/> Zone Interpretation | <input type="checkbox"/> Tentative Parcel Map |
| <input type="checkbox"/> CUP/PUD/ZAP Modification | <input type="checkbox"/> Design Review | <input type="checkbox"/> Tentative Subdivision Map |
| <input type="checkbox"/> Annexation Application | <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Amendment to Tentative Map |
| <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> General Plan Petition | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Lot Merger | <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Other: _____ |

Is this request related to another development? Yes No Explain: _____

Intake

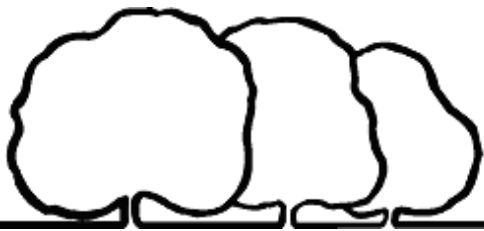
Amount Paid: _____

Amount Owed: _____

Logged by: _____ Date: _____

Planner: _____ Date: _____

Project No: _____



City of Woodland

Community Development Department, 300 First Street, Woodland CA 95695, (530) 661-5820 fax (530) 406-0832

LETTER OF AGENCY

If the applicant is not the owner of record of the subject site, a Letter of Agency from the owner, or the owner's authorized representative must be submitted which grants the applicant permission to apply for the requested entitlements(s). The Letter of Agency must be notarized.

Date: _____

To: City of Woodland
Community Development Department
300 First Street
Woodland, CA 95695

Community Development Department:

To apply for the entitlement(s) listed below

<input type="checkbox"/> General Plan Amendment	<input type="checkbox"/> Zoning Amendment	<input type="checkbox"/> Tentative Subdivision Map
<input type="checkbox"/> Tentative Parcel Map	<input type="checkbox"/> Specific Plan Amendment	<input type="checkbox"/> Lot Line Adjustment
<input type="checkbox"/> Variance	<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Planned Development
<input type="checkbox"/> Site Plan Review	<input type="checkbox"/> Design Review	<input type="checkbox"/> Zoning Administrator Permit
<input type="checkbox"/> Specific Plan	<input type="checkbox"/> Cannabis Business Permit	<input type="checkbox"/> Cannabis Conditional Use Permit
Is this request part of another application? Yes <input type="checkbox"/> No <input type="checkbox"/>	Other: _____	

I, the undersigned legal owner of record, hereby grant permission to:

Applicant: _____ Phone: _____

Applicant's Address: _____

The subject property is located at: _____

Assessors Parcel Number: _____

Signature of Owner(s) of Record (must be an original signature)

Print Legal Owner(s) of Record Name

Address of Legal Owner (*attach title report*)

Phone:

E-mail Owner(s) of Record:

State of California }

} ss.

County of _____ }

On _____, before, me _____, personally appeared
_____.

- Personally know to me Proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal:

Signature of Notary Public