

PLANNING APPLICATION

CITY OF ETNA PO Box 460 / 442 Main Street, Etna CA 96027 Phone: (530) 467-5256 / Fax: (530) 467-3217

Date Filed:
Receipt No
*
paid prior to the application being determined complete.
):
H. Proposed Zoning:
_

(Attach additional sheets if necessary.)

II. AUTHORIZATION AND CONSENT

A. APPLICANT: In signing this application, I, as applicant, represent to have obtained authorization from the property owner to file this application.

B. PROPERTY OWNER: In signing this application, I, as property owner, have full legal capacity to, and hereby do, authorize the filing of this application.

C. PROPERTY OWNER AND APPLICANT: I understand that conditions of approval are binding and agree to be bound by those conditions, subject only to the right to object at the hearings or during the appeal period. I hereby certify that the facts, statements, and information presented within this application form are true and correct to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissions of any information required in this application form may result in the

application being delayed or not approved by the City. I hereby certify that I have read and fully understand all the information required in this application form and the associated application guidelines. I further agree and grant authorization to enter said property to the City for the limited purpose of examining the property with respect to the proposed project/land use. The authorization is valid from the date of this application until the date of project determination or withdrawal. In applying for this application(s), I also agree to diligently process and complete all requirements necessary for said application(s) to be considered complete and ready for processing and I hereby do agree that failure to do so constitutes an abandonment of said application(s) and my desire to withdraw said application(s).

I FURTHER AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE CITY OF ETNA, ITS AGENTS, OFFICERS, CONSULTANTS, AND EMPLOYEES FROM ANY LEGAL CHALLENGE RESULTING FROM THIS APPLICATION. I FURTHER STIPULATE THAT IF I FAIL TO COMPLY WITH SAID AGREEMENT THAT I AGREE AND CONSENT TO THE CITY RESCINDING ANY AND ALL APPROVALS THAT ARE SUBJECT TO THIS APPLICATION.

Name (Pls. Print):		Daytime Telephone:
Company:		Other Telephone:
Address:		Fax:
City:		
Signature:		
Check one: Property Owner	Applicant	
Name (Pls. Print):		Daytime Telephone:
Company:		Other Telephone:
Address:		Fax:
City:	Zip:	
Signature:		
Check one: Property Owner	Applicant	
Name (Pls. Print):		Daytime Telephone:
Company:		Other Telephone:
Address:		Fax:
City:	_ Zip:	
Signature:		
Check one: Property Owner	Applicant	
Name (Pls. Print):		Daytime Telephone:
Company:		Other Telephone:
Address:		Fax:
City:	_ Zip:	
Signature:		
Check one: Property Owner	Applicant	

III. OTHER PROPERTY OWNERS AND PROJECT REPRESENTATIVES WHO SHOULD RECEIVE REPORTS AND LEGAL NOTICES

Name (Pls. Print):	Daytime Telephone:		
Company:	Other Telephone:		
Address:	Fax:		
City: Zip:			
Check one: Property Owner Representative	Other (describe)		
Name (Pls. Print):	Daytime Telephone:		
Company:	Other Telephone:		
Address:	Fax:		
City: Zip:	E-mail:		
Check one: Property Owner Representative	Other (describe)		
IV. ATTACHMENTS			
Please list all plans and attachments included with the application:			
- For Office Use Only -			
ENVIRONMENTAL DETERMINATION			
Exemption Negative Declaration	Env. Impact Report		
Have Mitigation Measures Been Adopted? Yes No			
Notice of Exemption/Notice of Determination Filed On:			
State Clearinghouse Number (if available):			
APPROVAL OR DENIAL			
	Date of Approval or Denial:		
	Denied:		
	Date(s) of Adoption:		
	Date(s) of Adoption:		
Is the Project Subject to Conditions of Approval?	Yes No		