



City of Waterford
320 E Street
Waterford, CA 95386

www.cityofwaterford.org

APPLICATION

CONDITIONAL USE PERMIT

MAJOR MINOR TEMPORARY

Please Type or Print
FEE DEPOSIT \$400.00

| | |
|----------------------------|--|
| File No. | |
| Approved | |
| Department Use Only | |

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|---------------------|-------------------------------------------------|-----------------------------|--------------------------|
| GENERAL INFO | LOCATION OF PROJECT (ADDRESS) | ASSESSOR'S PARCEL NUMBER(S) | ZONING |
| | NAME OF PROPOSED PROJECT | | GENERAL PLAN DESIGNATION |
| | APPLICANT NAME* | BUSINESS PHONE | HOME PHONE |
| | APPLICANT ADDRESS | CITY | STATE ZIP |
| | APPLICANT REPRESENTATIVE* | BUSINESS PHONE | HOME PHONE |
| | APPLICANT REPRESENTATIVE ADDRESS | CITY | STATE ZIP |
| | PROPERTY OWNER NAME* (SIGNATURE REQUIRED BELOW) | BUSINESS PHONE | HOME PHONE |
| | PROPERTY OWNER ADDRESS | CITY | STATE ZIP |

* Please provide the name of each partnership, corporation, LLC, or trust who has an interest in the proposed land use action. Include the names of all applicants, developers, property owners, and each person or entity who holds an option on the property. Please use the Disclosure Form.

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| PROJECT INFO | PROJECT/BUSINESS DESCRIPTION | | | | |
| | PROJECT/BUSINESS DESCRIPTION—DESCRIBE IN DETAIL YOUR PROPOSED TYPE OF OPERATION. ATTACH SEPARATE SHEET IF NECESSARY | | | | |
| | SIZE OF PARCEL _____ SQ FT or _____ ACRES | GROSS SQ. FT. OF PROPOSED USE | PRIOR USE | | |
| | <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> OFFICE | <input type="checkbox"/> MEDICAL/DENTAL OFFICE | <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> INDUSTRIAL |
| | <input type="checkbox"/> EXISTING BUILDING/REOCCUPANCY <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> OTHER (Please describe) | | | |
| | # UNITS TOTAL | <input type="checkbox"/> EXISTING BUILDING/OCCUPANCY <input type="checkbox"/> NEW CONSTRUCTION | LIST EXISTING TENANTS | | |
| | # BEDROOMS PER UNIT | NUMBER OF BUILDINGS | MAX EMPLOYEES SINGLE SHIFT | USE | SQ. FT. |
| | # PARKING SPACES | TOTAL SQ. FT | # SEATS/CAPACITY | | |
| | TYPE OF UNIT: | SQ. FT. OCCUPIED | # PARKING SPACES | | |
| | <input type="checkbox"/> SINGLE FAMILY DETACHED | SQ. FT. EA BUILDING (PLEASE LIST) | % LOT COVERAGE | | |
| | <input type="checkbox"/> SINGLE FAMILY ATTACHED | | DAYS/HOURS OF OPERATION | | |
| | <input type="checkbox"/> SECOND UNIT <input type="checkbox"/> MUTLI FAMILY | | | | |
| | <input type="checkbox"/> DUPLEX <input type="checkbox"/> MOBILE HOME | | | | |
| | % LOT COVERAGE | | | | |
| | SUBMITTAL INFORMATION PLANS <u>MUST</u> BE EITHER REDUCED TO 11 X 17 OR SMALLER OR FULL SIZE FOLDED TO 8 1/2 X 14 MAX. | | | | |
| <input type="checkbox"/> 10 COPIES OF DIMENSIONED SITE PLANS | | <input type="checkbox"/> 10 COPIES OF DIMENSIONED ELEVATIONS | | | |
| <input type="checkbox"/> 10 COPIES OF DIMENSIONED FLOOR PLANS | | <input type="checkbox"/> 10 COPIES OF LANDSCAPE PLANS | | | |
| <input type="checkbox"/> 10 COPIES OF SITE ANALYSIS MAP | | | | | |
| <input type="checkbox"/> 10 COPIES OF THE NEIGHBORHOOD CONTEXT MAP | | | | | |
| <input type="checkbox"/> POLICE DEPARTMENT PC&N DETERMINATION (ON-SITE IQUOR SALES ONLY) | | | <input type="checkbox"/> ABC PERMIT | | |
| <input type="checkbox"/> VICINITY MAP WITH NORTH ARROW | | <input type="checkbox"/> ENVIRONMENTAL ASSESSMENT | | <input type="checkbox"/> INDEMNIFICATION AGREEMENT | |
| PROPERTY OWNER'S CONSENT - I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application. X _____ | | | | | |

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|-------------|----------------------|-------------------------------------------------------------------------------|------|--------------------|----------------|
| DEPT | APPLICATION | RECEIVED BY | DATE | FEE RECEIVED \$ | RECEIPT NUMBER |
| | PUBLIC HEARING | <input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT | DATE | FEE RECEIVED \$ | RECEIPT NUMBER |
| | ENVIRONMENTAL REVIEW | <input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT CLASS _____ | DATE | FEE RECEIVED \$ | RECEIPT NUMBER |