



COMMUNITY DEVELOPMENT DEPARTMENT
 Don Rust, Director
 1735 MONTGOMERY STREET • OROVILLE, CA 95965-4897
 530-538-2401 Telephone 530-538-2426 Facsimile

www.cityoforoville.org

ENGINEERING DIVISION - GENERAL APPLICATION

Date Submittal

Trakit Number

PROJECT INFORMATION

Applicant's Name:		Assessor's Parcel Number:
Address:	Street, City, State, & Zip Code	Telephone: ()
E-Mail:		Fax: ()
Owner's Name:		Telephone: ()
Address:	Street, City, State, & Zip Code	

PROPERTY INFORMATION

Name of Proposed Project (if any)	Site Size (in Square feet or acres)
Location of Project (major cross streets and address, if any)	

Zoning	General Plan	Existing Land Use	Proposed Land Use
Existing Structures (square feet)	Proposed Structures (square feet)		

APPLICATION TYPE

<input type="checkbox"/> Amendment of Final Map	<input type="checkbox"/> Grading Permit	<input type="checkbox"/> Right of Way Abandonment
<input type="checkbox"/> BAD Fee Deposit	<input type="checkbox"/> Grant of License	<input type="checkbox"/> Reversion of Acreage
<input type="checkbox"/> Certificate of Merger	<input type="checkbox"/> LLMAD Fee Deposit	<input type="checkbox"/> Subdivision Improvement Agreement
<input type="checkbox"/> CDF Annexation Fee Deposit	<input type="checkbox"/> Legal Lot Determination	
<input type="checkbox"/> Deferred Curb, Gutter & Sidewalk	<input type="checkbox"/> Lot line Adjustment	
<input type="checkbox"/> Erosion Control Permit	<input type="checkbox"/> Merger by Deed	
<input type="checkbox"/> Final Parcel Map	<input type="checkbox"/> Observation & Testing Fee Deposit	
<input type="checkbox"/> Final Subdivision Map	<input type="checkbox"/> Outside Sewer Agreement	

PROJECT DESCRIPTION

Full Description of Proposed Project (Attach necessary sheets. If this application is for a land division, describe the number and size of parcels.)

OWNER CERTIFICATION

I CERTIFY THAT I AM PRESENTLY THE LEGAL OWNER OR THE AUTHORIZED AGENT OF THE OWNER OF THE ABOVE DESCRIBED PROPERTY. FURTHER, I ACKNOWLEDGE THE FILING OF THIS APPLICATION AND CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND ACCURATE (if an agent is to be authorized, execute an affidavit of authorization and include the affidavit with this application.)

DATE: _____

SIGNATURE: _____

AGENT AUTHORIZATION

To City of Oroville, Department of Community Development and Public Works

Print Name of Agent ()
Phone Number

Mailing Address

Is hereby authorized to process this application on my/our property, identified as Butte County Assessors Parcel Number(s)

This authorization allows representation for all applications, hearings, appeals, etc. and to sign all documents necessary for said processing, but not including document (s) relating to record title interest.

Owner(s) of Record (sign and print name)

Print Name

Signature

Print Name

Signature

Print Name of Applicant (if other than owner)

Print Name

Signature

Print Name

Signature

Signature of Applicant (if other than owner)

Print Name of California Civil Engineer/Land Surveyor Phone Number

Mailing Address Email Address