



City of Oroville

Planning Division - Community Development Department

Donald Rust
DIRECTOR

1735 Montgomery Street
Oroville, CA 95965-4897
(530) 538-2420 FAX (530) 538-2426
www.cityoforoville.org

TRAKIT#: _____ - _____

PLANNING DIVISION GENERAL APPLICATION

(Please print clearly and fill in all that apply)

| APPLICANT'S INFORMATION | Project's: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor <input type="checkbox"/> Consultant |
|--|---|
| Name: _____ | Name: _____ |
| Address: _____ | Company/ Organization: _____ |
| Phone #: _____ | Address: _____ |
| Email: _____ | Phone #: _____ |
| Is the applicant the Owner? Yes <input type="checkbox"/> No <input type="checkbox"/> ***If applicant is Not the owner, please provide owner /agent authorization on the reverse side. | Email: _____ |

DEVELOPMENT PROJECTS & OTHER APPLICATIONS
(Please check all that apply)

| | | |
|--|--|---|
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Landmark /Modification/Demolition | <input type="checkbox"/> Tentative Parcel Map |
| <input type="checkbox"/> Appeal | <input type="checkbox"/> Mining and Reclamation Plan | <input type="checkbox"/> Tentative Subdivision Map |
| <input type="checkbox"/> Development Review | <input type="checkbox"/> Pre-Application | <input type="checkbox"/> Use Permit |
| <input type="checkbox"/> Final Map | <input type="checkbox"/> Residential Density Bonus | <input type="checkbox"/> Variance |
| <input type="checkbox"/> General Plan Amendment/Rezone | <input type="checkbox"/> Temporary Use | <input type="checkbox"/> Wire Less Communication Facilities |
| <input type="checkbox"/> Landmark Designation | <input type="checkbox"/> Tentative Map Extension | <input type="checkbox"/> Zoning Clearance |
| <input type="checkbox"/> Other (Please Specify): _____ | | |

ADMINISTRATIVE PERMITS
(Please check all that apply)

| | | | |
|--|--|---|---|
| <input type="checkbox"/> Adult Oriented Business | <input type="checkbox"/> Mobile Food Vendor | <input type="checkbox"/> Second Dwelling Unit | <input type="checkbox"/> Street Closure |
| <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Outdoor Storage | <input type="checkbox"/> Sign/Temporary Sign Permit | <input type="checkbox"/> Tree Removal |
| <input type="checkbox"/> Large Family Day Care | <input type="checkbox"/> Outdoor Display & Sales | <input type="checkbox"/> Special Event | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | |

* Please provide a letter addressed to the Planning Division with a detailed description for the proposed project. Please include any site plans, maps, aerials, photos, and other relevant information that will help us in processing your application.

** Any time a set of plans is required, three (3) sets of drawings shall be submitted, unless otherwise directed.

PROJECT INFORMATION

| | |
|--------------------------------|---------------------------------------|
| Project Name: _____ | Proposed Structure(s) (Sq Ft.): _____ |
| Address: _____ | Existing Structure(s) (Sq Ft.): _____ |
| Nearest Cross Street: _____ | Water Provider: _____ |
| Assessors Parcel Number: _____ | School District: _____ |
| Lot Size (Acres): _____ | Number of Dwelling Units: _____ |

APPLICANT'S SIGNATURE

I hereby certify that the information provided in this application is, to my knowledge, true and correct.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

General Plan: _____ Zoning: _____ Zone Conformity: (Y /N) Parcel No: _____

File #: _____ Overlay Zoning: _____ Minimum Setbacks: FY- _____ RY- _____ SY- _____

AGENT AUTHORIZATION

To the City of Oroville, Department of Planning and Development Services

PRINT NAME OF AGENT: _____ PHONE NUMBER: _____

COMPANY NAME: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ AGENT SIGNATURE: _____

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

APN: _____

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)

| | | | |
|----|-------------------------|--------------------|-----------------|
| 1) | Print Name of Owner | Signature of Owner | Date |
| 2) | Print Name of Owner | Signature of Owner | Date |
| 3) | Print Name of Owner | Signature of Owner | Date |
| 4) | Print Name of Owner | Signature of Owner | Date |
| | Owner's Mailing Address | Owner's Email | Owner's Phone # |