



# City of Oroville

Planning Division - Community Development Department

1735 Montgomery Street  
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[www.cityoforoville.org](http://www.cityoforoville.org)

Leonardo DePaola  
DIRECTOR

TRAKIT#: \_\_\_\_\_

## ZONING / GENERAL PLAN COMPLIANCE LETTER

(Please print clearly and fill in/provide all that apply)

### REQUIRED FOR A COMPLETE APPLICATION

- { } Completed and signed Application Forms
- { } Application Fee Paid (\$158.73) + 6% Tech Fee = \$168.25

### APPLICANT'S INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### PROPERTY INFORMATION

(Please check all that apply)

I am requesting a zoning/General Plan compliance letter for the property located at:

Address: \_\_\_\_\_

City: Oroville State: California Zip: \_\_\_\_\_ APN: \_\_\_\_\_

I (Applicant) have the following relationship to the property:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ADDITIONAL INFORMATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### APPLICANT'S SIGNATURE

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

{ } Credit Card #: \_\_\_\_\_ { } Debit Card #: \_\_\_\_\_ { } Money Order { } Cash { } Check # \_\_\_\_\_

The Community Development Department operates on a full cost recovery for processing of permits. Staff will charge their time and any expenses associated with processing the application against the initial deposit. Fees that have been captured for the reimbursement of City expenses are non-refundable.

Technology cost recovery fees are non-refundable