



CITY of ANGELS

COMMUNITY DEVELOPMENT DEPARTMENT

Post Office Box 667 • 200 B Monte Verda Street

ANGELS CAMP, CALIFORNIA 95222

Phone (209) 736-1346 • Fax (209) 736-9048



DEVELOPMENT APPLICATION FORM

Type of Application

<input type="checkbox"/> Development Agreement	<input type="checkbox"/> Tentative Map Extension	<input type="checkbox"/> Subdivision Map
<input type="checkbox"/> Annexation (Special Submittal Package)	<input type="checkbox"/> General Plan Amendment (Special Submittal Package)	<input type="checkbox"/> Lot Line Adjustment (Special Submittal Package)
<input type="checkbox"/> Other _____	<input type="checkbox"/> Variance/Minor Zone Modification	<input type="checkbox"/> Site Plan Review (Special Submittal Package)
<input type="checkbox"/> Major Sign Permit	<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Rezone/Prezone
<input type="checkbox"/> Specific Plan/Amendment	<input type="checkbox"/> Municipal Code Amendment	<input type="checkbox"/> Appeal

Project Detail

Project Name: _____

Property Address: _____ **APN:** _____

Project Description (submit separate attachment if necessary) (e.g. Expansion of existing use, establishment of a new use or new construction, etc.) _____

Property Owner:

Name: _____

Contact: _____

Address: _____

City, Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

Applicant:

Name: _____

Contact: _____

Address: _____

City, Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

OFFICE USE ONLY-FEES

Fees	Account Number	Application Type	Accepted By
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Receipt Number: _____		Date: _____	
Permit or Project Numbers: _____			

Other Contact Information

Name: _____
Address: _____
City, Zip: _____
Phone: _____
Fax: _____
E-Mail: _____

Name: _____
Address: _____
City, Zip: _____
Phone: _____
Fax: _____
E-Mail: _____

Miscellaneous

General Plan Designation: _____ Proposed General Plan Designation: _____

Zoning: _____ Proposed Zoning: _____

General Property Dimensions: _____

Acres/Square Feet: _____ Land Use: Undeveloped/Vacant _____ Developed _____

Agreement and Representations of Applicant

This is not complete, and processing of this application will not begin, until all initials and signatures are provided:

1. Applicant(s) acknowledge and agree that by making this application, and under the authority of Government Code Section 65105, that in the performance of their functions, City staff may enter upon the subject property and make examinations and surveys, provided that the entries, examinations and surveys do not unreasonably interfere with the use of the land by those persons lawfully entitled to the possession thereof. _____(Initial)
2. Applicant(s) certify under penalty of perjury that the signature(s) provided below is/are that of the legal owner(s) (all individual owners must sign as they appear on the deed to the land), Corporate Officer(s) empowered to sign for the corporation, Owner’s Legal Agent having power of Attorney (a notarized Power of Attorney document must accompany this application), or the owner’s authorized representative (include a notarized consent form from the owner). _____(Initial)
3. Applicant(s) acknowledge and agree that all of the required items have been submitted and understands that missing items may result in delaying the processing of my application. I further acknowledge and agree that by signing this document I accept the posting of public notices regarding the proposed project at the project site. _____(Initial)
4. Applicant(s) agree to defend, indemnify and hold harmless the City of Angels (“City”) and its agents, officers, consultants, independent contractors and employees (“City Agents”) from any and all claims, actions or proceedings against the City or the City’s Agents to attack, set aside, void, or annul an approval by the City, or the City’s Agents concerning the Project (collectively “Claim”). The City shall promptly notify the Applicant of any Claim and the City shall cooperate fully in the defense. If the City fails to promptly notify the Applicant of any Claim or if the City fails to cooperate fully in the defense, the Applicant shall not thereafter be responsible to defend, indemnify, or hold harmless the City. Nothing in this paragraph shall obligate the City to defend any Claim and the City shall not be required to pay or perform any settlement arising from any such Claim not defended by the City, unless the settlement is approved in writing by the City. Nothing contained in this paragraph shall prohibit the City from independently defending any Claim, and if the City does decide to independently defend a Claim, the City shall bear its own attorney’s fees, expenses of litigation and costs for that independent defense. Should the City decide to independently defend and Claim, the Applicant(s) shall not be required to pay or perform any settlement arising from any such Claim unless the settlement is approved by the Applicant. _____(Initial)
5. This Application will be a public record. _____(Initial)
6. This Application is made under, and shall in all respects be interpreted, enforced, and governed by, the laws of the State of California. In the event of a dispute concerning the terms of this Application, the venue for any legal action shall be with the appropriate court in the County of Calaveras, State of California. Should legal proceedings of any type arise out of this Agreement, the prevailing party shall be entitled to costs, attorney’s fees, and legal expenses, including but not limited to expert fees and costs. _____(Initial)

IT IS SO AGREED:

Applicant Signature

Print Name

Date

Property Owner Signature

Print Name

Date

Property Owner Signature

Print Name

Date

**CITY OF ANGELS
COMMUNITY DEVELOPMENT DEPARTMENT**

LETTER OF AUTHORIZATION

This document shall serve to notify the City of Angels that the undersigned are the legal owner(s) of the property described in the attached and do hereby authorize the person/firm identified below to file and represent my/our interest in the application(s) listed below.

Authorized Person:

Name/Firm _____

Address _____

City, Zip _____

Phone _____

Applications:

Legal Owners:

The undersigned are the legal owner(s) of the said property; have read the forgoing letter of authorization and know the contents thereof; and do hereby certify that the same is true of my/our own knowledge. I/we certify (or declare) under penalty of perjury under the laws of the State of California that the information contained in the above referenced application(s) is true and correct.

Applicant Signature

Print Name

Date

Applicant Signature

Print Name

Date

Applicant Signature

Print Name

Date

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ENVIRONMENTAL QUESTIONNAIRE

(To Be Completed by Applicant)

This document will assist the Community Development Department in evaluating the proposed project and its potential environmental impacts. Complete and accurate information will facilitate the environmental assessment, review, and minimize future requests for additional information. Please contact the Community Development Department, 200 B Monte Verda Street, Angels Camp, CA 95222, (209)736-1346 if there are any questions concerning environmental issues or zoning.

APPLICANT'S STATEMENT OF INTENT (DESCRIBE THE PROPOSED PROJECT): _____

SUBDIVISION NAME OR PROPOSED COMMON NAME OF PROJECT: _____

PROPERTY OWNER'S NAME: _____

Mailing Address: _____

Telephone: Business: _____ Home: _____

Applicant's Name: _____ Phone: _____

Address: _____

PROJECT SITE INFORMATION:

Property Address or Location: _____

Property Assessor's Parcel Number: _____

Property Dimensions: _____

Property Area: Square Footage: _____ Acreage: _____

Site Land Use: Undeveloped/Vacant: _____ Developed: _____

If developed, give building(s) square footage: _____

Existing Zoning of Project Site: _____

Proposed Zoning (if applicable): _____

DESCRIBE ADJACENT ZONING AND EXISTING LAND USE WITHIN 300 FEET OF PROJECT SITE:

	ZONE	EXISTING LAND USE (i.e. residential, commercial, industrial)
North	_____	_____

South	_____	_____
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East	_____	_____
------	-------	-------

West	_____	_____
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SITE CHARACTERISTICS

Describe the project site as it exists before the project, including information on topography, soil stability, plants and animals, and any cultural, historical or scenic aspects (if applicable): _____

Are there any trees, bushes, or shrubs on the project site? _____ Are any to be removed? _____
If yes, attach site plan indicating location, size, and type of all trees, bushes and shrubs on the site that are proposed for removal.
Will the project change water body or ground water quality or quantity, or alter existing drainage patterns?

_____ If yes, explain: _____

If there are structures on the project site, attach site plan indicating location of structures and provide the following information:

Present Use of Existing Structure(s): _____

Proposed Use of Existing Structure(s): _____

Are any structures to be moved demolished? ____If yes, indicate on site plan which structures are proposed to be moved or demolished.

Describe Age, Condition, Size and Architectural Style of all existing on-site structures (include photos): _____

PROPOSED BUILDING CHARACTERISTICS

Size of New Structure(s) or Building Addition(s) in gross square feet: _____

Building Height in feet (measured from ground to highest point): _____

Height of other appurtenances, excluding buildings, measured from ground to highest point (i.e. antennas, mechanical equipment, etc): _____

Project Site Coverage:	Building Coverage:	_____ Sq. Ft.	_____ %
	Landscape Area:	_____ Sq. Ft.	_____ %
	Paved Surface Area:	_____ Sq. Ft.	_____ %
	Total:	_____ Sq. Ft.	_____ %

Exterior Building Materials: _____

Exterior Building Colors: _____

Roof Materials: _____

Total Number of Off Street Parking Spaces Provided: _____

Described the type of exterior lighting proposed for the project (height, intensity): _____

Building: _____ Parking: _____

Estimated Construction Starting Date: _____ Estimated Completion Date: _____

If the proposal is a component of an overall larger project, describe phases and show them on the site plan: _____

RESIDENTIAL PROJECTS

Total Lots: _____ Total Dwelling Units: _____ Total Acreage: _____

Net Density/Acre: _____

	Single Family	Two Family Duplex	Multiple Family Apartment	Multiple Family Condominiums
Number of Units				
Acreage				
Square Feet/Unit				
For Sale or Rent				
Price Range				
Type of Unit				
Studio				
1 Bedroom				
2 Bedroom				
3 Bedroom				
4 + Bedroom				

COMMERCIAL, INDUSTRIAL, MANUFACTURING, OR OTHER PROJECT

Type of Use(s): _____

Expected Influence : Regional: _____ Citywide: _____ Neighborhood: _____

Total Occupancy/Capacity of Building(s): _____

Total Number of Fixed Seats: _____ Total Number of Employees: _____

Anticipated Number of Employees Per Shift: _____

Square Footage of Office Area: _____ Warehouse Area: _____

Sales Area: _____ Storage Area: _____ Loading Area: _____

Total Number of Visitors/Customers on site at any one time: _____

Other Occupants (if applicable): _____

Will the proposed use involve any toxic or hazardous materials or waste? (Explain): _____

NOTE: IF THE PROJECT SITE IS ON OR NEAR A HISTORICAL SITE, ARCHAEOLOGICAL SITE, LANDFILL SITE, RIVER, FLOODPLAIN, FREEWAY, RAILROAD, OR AIRPORT, THEN SPECIFIC TECHNICAL STUDIES MAY BE REQUIRED. APPLICANTS ARE ENCOURAGED TO CONTACT THE DEVELOPMENT SERVICES DEPARTMENT AT THE EARLIEST POSSIBLE OPPORTUNITY TO DETERMINE THE POSSIBLE NEED AND SCOPE OF SUCH STUDIES.

AS THE APPLICANT/AGENT FOR THIS PROPOSAL I HEREBY STATE THAT, TO THE BEST OF MY KNOWLEDGE, THE ABOVE ANSWERS AND STATEMENTS ARE TRUE AND COMPLETE.

Signature of Applicant/Agent

Date

Print Name and Title of Applicant/Agent

Phone Number