

CITY OF YUBA CITY

Community Development – Planning
(530) 822-4700



PROJECT APPLICATION

PLEASE PRINT OR TYPE:

Applicant Name: _____ Phone: _____

Address: _____

(If more than one applicant, attach separate sheet with additional applicants' information.)

Property Owner's Name: _____ Phone: _____

Address: _____

Contact Person/Representative: _____ Phone: _____

Address: _____

Assessor's Parcel No(s): _____

Property Location/Description: _____

Project area listed as an Identified Hazardous Waste Site? yes no

Proposal Description (use additional sheets if necessary): _____

I/We acknowledge that the information provided above is correct. I/We agree to comply with all City and State laws regulating property development.

Applicant Signature*: _____ Date: _____

Co-applicant Signature: _____

* If the applicant is not the property owner, a letter of authorization from the property owner is required.

For Internal (City) Use Only:				Date Received: _____
UP _____	VR _____	PM _____	SM _____	Receipt No.: _____
DP _____	Other _____			Fees: \$ _____
RZ _____	from _____	to _____		
GP _____	from _____	to _____		
Application: EA# _____ or Exempt _____				GP Designation: _____
				Zoning: _____
Planning Commission: Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date: _____				
City Council: Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date: _____				
Resolution/Ordinance Number: _____				