



CITY OF SAN RAMON DEVELOPMENT REVIEW APPLICATION

I. Check type of permit(s) being requested:

- Rezoning Home Occupation General Plan Amendment Variance
 Use Permit Development Plan Development Plan Amendment _____

II. General Data Required

- A. Address or Location of Property: _____
- B. Assessor's Parcel Number(s): _____
- C. Site Area: _____ D. Present Zoning: _____ E. Proposed Zoning: _____
- F. Existing Use of Property: _____
- G. Zoning and Existing Use of Surrounding Property:
- | | <i>Zone</i> | <i>Existing Uses</i> |
|----------|-------------|----------------------|
| ● North: | _____ | _____ |
| ● South: | _____ | _____ |
| ● East: | _____ | _____ |
| ● West: | _____ | _____ |
- H. Description of the Proposal: (Attach detailed letter of application, and, if applicable, include proposal for affordable housing)
- _____ (Continue on separate sheet, if necessary)
- I. Service Districts: Water Supply _____ Sewer Disposal _____ Fire Protection _____

III. Authorization of Property Owner

- A. **Property Owner:** In signing this application, I, as property owner, have full legal capacity to, and hereby do, authorize the filing of this application. I understand that conditions of approval are binding. I agree to be bound by those conditions, subject only to the right to object at the hearings or during the appeal period.
- Name: _____ Capacity: _____ Property Owner _____
- Address: _____ Daytime Phone: () _____
 _____ () _____
- Signature: _____ Date: _____
- B. **Applicant Other Than Property Owner:** In signing this application, I, as applicant, represent to have obtained authorization of the property owner to file this application. I agree to be bound by conditions of approval, subject only to the right to object at the hearings on the application. If this application has not been signed by the property owner, I have attached separate documentation of full legal capacity to file this application and agreement to conditions of approval, subject only to the right to object at the hearings or during the appeal period.
- Name: _____ Capacity: _____
- Address: _____ Daytime Phone: () _____
 _____ () _____
- Signature: _____ Date: _____

IV. Certification

The Applicant and his Agent recognize that this application is subject to the California Environmental Quality Act of 1970. The City, in granting this application, may attach any condition or conditions necessary to ensure that the proposal will not be injurious or detrimental to the welfare of persons residing or working in the neighborhood or City.

I certify that I have the authorization of the property owner(s) to file this application. I further certify that the information and exhibits submitted are true and correct.

Name: _____ Capacity: _____

Address: _____ Daytime Phone: () _____
 _____ () _____

Signature: _____ Date: _____

