



# CITY OF SAN RAMON SUBDIVISION APPLICATION

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

Major     
  Minor     
  Lot Line Adjustment     
  Condominium Conversion

**II. Project**

A. Address or Location of Property: \_\_\_\_\_

B. Name of Subdivision: \_\_\_\_\_ C. Subdivision Number: \_\_\_\_\_

D. Assessor's Parcel Number(s): \_\_\_\_\_

E. Total Parcel Acreage: \_\_\_\_\_ F. Number of Lots: \_\_\_\_\_

G. Average Lot Size: \_\_\_\_\_ H. Minimum Lot Size: \_\_\_\_\_

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 Subdivider and his Agent recognize the California Environmental Quality Act of 1970 applies to the subdivision. Each acknowledges the fact that an assessment of the environmental impact will have to be made, and if a non-trivial effect is found to exist, then an environmental impact report will have to be prepared. The Subdivider and his Agent expressly waive the 50-day time limit for action on the tentative map provided in the Governmental Code Sections 66452, 66452.1, 66452.4, and consent to such indefinite extensions of time for acting and reporting on the tentative map as are necessary in order to enable the Planning Commission to take action thereon.

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

Address: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IV. For City Use Only**

A. Address _____	Zoning District _____
_____	Assessor's Parcel No. _____
B. Property Location _____	_____
_____	Application Nos. _____
_____	_____
_____	_____
C. Proposal _____	_____
_____	_____
_____	Date Filed _____
_____	Total _____
D. General Plan Amendment Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Received By _____
E. Rezoning Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipt No. _____
F. Variance Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
CEQA <input type="checkbox"/> Exempt Class 15 Minor Land Division or Class _____	<input type="checkbox"/> Non-Exempt _____

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**Additional Submittal Information Required:**

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**DATE:** \_\_\_\_\_ **PLANNER:** \_\_\_\_\_