



City of Waterford
101 E Street
Waterford, CA 95386

www.cityofwaterford.org

APPLICATION
DESIGN REVIEW
 PRELIMINARY FINAL
Please Type or Print
FEE DEPOSIT \$400.00

File No.	
Approved	
Department Use Only	

GENERAL INFO	LOCATION OF PROJECT (ADDRESS)	ASSESSOR'S PARCEL NUMBER(S)	ZONING
	NAME OF PROPOSED PROJECT		GENERAL PLAN DESIGNATION
	APPLICANT NAME*	BUSINESS PHONE	HOME PHONE
	APPLICANT ADDRESS	CITY	STATE ZIP
	APPLICANT REPRESENTATIVE*	BUSINESS PHONE	HOME PHONE
	APPLICANT REPRESENTATIVE ADDRESS	CITY	STATE ZIP
	PROPERTY OWNER NAME* (SIGNATURE REQUIRED BELOW)	BUSINESS PHONE	HOME PHONE
	PROPERTY OWNER ADDRESS	CITY	STATE ZIP

* Please provide the name of each partnership, corporation, LLC, or trust who has an interest in the proposed land use action. Include the names of all applicants, developers, property owners, and each person or entity who holds an option on the property. Please use the Disclosure Form.

PROJECT INFO	PROJECT/BUSINESS DESCRIPTION				
	PROJECT/BUSINESS DESCRIPTION—DESCRIBE IN DETAIL YOUR PROPOSED TYPE OF OPERATION. ATTACH SEPARATE SHEET IF NECESSARY				
		SIZE OF PARCEL _____ SQ FT or _____ ACRES	EXISTING USE	PROPOSED USE	
	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> OFFICE <input type="checkbox"/> MEDICAL/DENTAL OFFICE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER (Please describe)			
	<input type="checkbox"/> EXISTING BUILDING/REOCCUPANCY <input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> EXISTING BUILDING/OCCUPANCY <input type="checkbox"/> NEW CONSTRUCTION	EXISTING	PROPOSED ADDITION	LIST EXISTING TENANTS
	# UNITS TOTAL	NUMBER OF BUILDINGS			USE SQ. FT.
	# BEDROOMS PER UNIT	TOTAL SQ. FT			
	# PARKING SPACES	# PARKING SPACES			
	TYPE OF UNIT:	# SEATS/CAPACITY			
	<input type="checkbox"/> SINGLE FAMILY DETACHED	% LOT COVERAGE			
	<input type="checkbox"/> SINGLE FAMILY ATTACHED	SQ FT. EA BUILDING (PLEASE LIST)			
	<input type="checkbox"/> SECOND UNIT <input type="checkbox"/> MUTLI FAMILY				
	<input type="checkbox"/> DUPLEX <input type="checkbox"/> MOBILE HOME				
	% LOT COVERAGE				
	SUBMITTAL INFORMATION				
<input type="checkbox"/> 10 COPIES OF SITE PLANS SHOWING ALL DIMENSIONS. PLANS <u>MUST</u> BE EITHER REDUCED TO 11 X 17 OR FOLDED TO 8 1/2 X 14 MAX.					
<input type="checkbox"/> 10 COPIES OF EXISTING AND PROPOSED ELEVATIONS & LANDSCAPE PLAN SHOWING ALL DIMENSIONS. PLANS <u>MUST</u> BE EITHER REDUCED TO 11 X 17 OR FOLDED TO 8 1/2 X 14 MAX. PHOTOS MAY SUFFICE FOR EXISTING ELEVATIONS.					
<input type="checkbox"/> 10 COPIES OF SITE ANALYSIS MAP . PLANS MUST BE EITHER REDUCED TO 11 X 17 OR SMALLER OR FULL SIZE FOLDED TO 8 1/2 X 14 MAX.					
<input type="checkbox"/> 10 COPIES OF THE NEIGHBORHOOD CONTEXT MAP		<input type="checkbox"/> VICINITY MAP WITH NORTH ARROW			
<input type="checkbox"/> ENVIRONMENTAL ASSESSMENT		<input type="checkbox"/> INDEMNIFICATION AGREEMENT			
DESIGNER-ARCHITECT SIGNATURE X _____		LICENSE # _____			
PROPERTY OWNER'S CONSENT - I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.					
		X _____			

DEPT	APPLICATION	RECEIVED BY	DATE	FEE RECEIVED \$	RECEIPT NUMBER
	PUBLIC HEARING	<input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT	DATE	FEE RECEIVED \$	RECEIPT NUMBER
	ENVIRONMENTAL REVIEW	<input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT CLASS _____	DATE	FEE RECEIVED \$	RECEIPT NUMBER