



CITY OF FAIRFIELD GENERAL PLAN AND ZONING APPLICATION

Community Development Department

APPLICATION TYPE	LAND USE AND ZONING INFORMATION
GENERAL PLAN AMENDMENT SPECIFIC PLAN SPECIFIC PLAN AMENDMENT ZONING ORDINANCE AMENDMENT ZONE CHANGE/PREZONING ZONING/AMENDMENT PLANNED DEVELOPMENT ZONING PRE-ANNEXATION AGREEMENT ANNEXATION <i>(Check all applicable)</i>	EXISTING ZONING DISTRICT: GENERAL PLAN DESIGNATION:
	REQUESTED ZONING DISTRICT: GENERAL PLAN DESIGNATION:

PROJECT DESCRIPTION *Describe in detail. Add additional sheets as necessary*

LOCATION OF PROJECT (ADDRESS)	ASSESSOR'S PARCEL NUMBER(s)
NAME OF PROPOSED PROJECT	APPLICANT EMAIL ADDRESS
APPLICANT NAME/CONTACT PERSON	PHONE CELL
APPLICANT ADDRESS	CITY STATE ZIP
PROPERTY OWNER NAME	PHONE CELL
PROPERTY OWNER ADDRESS	CITY STATE ZIP

PROPERTY OWNER'S CONSENT – I declare under penalty of perjury that I am the owner of property involved in this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief.
(Property owner authorization letter is acceptable).

X _____

I have been informed by the City of Fairfield of my responsibilities pursuant to California Government Code Section 56962.5 regarding notifying the City of hazardous waste and/or hazardous substance sites. I have consulted the lists of consolidated by the State of California Environmental Protection Agency and find:
The Project [] is, [] is not (check which applies) located on a site which is included on any of the hazardous waste or hazardous substance lists. If on a list, please provide the following information:

Regulatory identification number: _____ Date of list: _____
 Type of problem: _____

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct:
 Dated: _____

DEPARTMENT USE ONLY

RECEIVED BY	DATE	FEE RECEIVED \$	RECEIPT NUMBER	APPROVED BY	DATE
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