CITY OF FAIRFIELD
CUSTOM HOME APPLICATION
Community Development Department

PROPOSED LOCATION AND APPLICANT INFORMATION			
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 _____

PROJECT DESCRIPTION

SUBMITTAL REQUIREMENTS

- ☐ Names and addresses of property owners within 300 feet, typed and on self-adhesive labels
- ☐ Three (3) sets of site plans showing all existing trees
- ☐ If slope is more than 5%, submit a grading plan prepared by a licensed engineer or surveyor
- ☐ Additional plans are not required beyond those submitted for a building permit
- ☐ All e-TraKiT online applications shall include all required plans electronically in PDF format as attachments

DEPARTMENT USE ONLY

RECEIVED BY	DATE	FEE RECEIVED $	RECEIPT NUMBER	APPROVED BY	DATE

CONDITIONS _____