

## CITY OF FAIRFIELD DEVELOPMENT REVIEW APPLICATION

**Community Development Department** 

APPLICATON TYPE	APPLICATON SUB	APPLICATON SUBTYPE			
DEVELOPMENT REVIEW MINOR DEVELOPMENT REVIE PLANNED UNIT DEVELOPMEN MASTER PLANNED UNIT DEV USE PERMIT	NT (PUD) PERMIT	RESIDENTIAL SINGLE FAMIL MULTI-FAMIL # OF UNITS:	Y	NITY DESIGN PLAN	
VARIANCE USE PERMIT (Admin) VARIANCE (Admin)		COMMERCIAL SQ.FT.	. INDUSTR HEIGHT	IAL	
DEVELOPMENT AGREEMENT DEVELOPMENT AGREEMENT		ENVIRONMEN <sup>*</sup>	ENVIRONMENTAL ASSESSMENT		
PROJECT DESCRIPTION		Describe in	Describe in detail. Add additional sheets as necessary		
LOCATION OF PROJECT (ADDRES	ASSESSOR'S PARC	ASSESSOR'S PARCEL NUMBER(s)			
NAME OF PROPOSED PROJECT		APPLICANT EMAII	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).					
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:  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	
FORM CD-FM-03	DEVELOPM	ENT REVIEW		JUNE 2014	