

## CITY OF FAIRFIELD DEVELOPMENT REVIEW APPLICATION

**Community Development Department** 

APPLICATON TYPE			APPLICATON SUBTYPE		
			RESIDENTIAL SINGLE FAMILY MULTI-FAMILY # OF UNITS: COMMERCIAL	_	IITY DESIGN PLAN
☐ USE PERMIT (Admin) ☐ VARIANCE (Admin) ☐ DEVELOPMENT AGREEMENT ☐ DEVELOPMENT AGREEMENT AMENDMENT			SQ.FT.	HEIGHT	
			■ ENVIRONMENTAL ASSESSMENT		
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).					
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:  Date of hist:					
DEPARTMENT USE ONLY					
RECEIVED BY	DATE	FEE RECEIVED	RECEIPT NUMBER	APPROVED BY	DATE
FORM CD-FM-03		DEVELOPMENT	REVIEW		JUNE 2014