



# CITY OF FAIRFIELD GENERAL PLAN AND ZONING APPLICATION

Community Development Department

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

PROJECT DESCRIPTION	<i>Describe in detail. Add additional sheets as necessary</i>
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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
		\$			
FORM CD-FM-04		GENERAL PLAN AND ZONING		JUNE 2014	