



# CITY OF FAIRFIELD PROPERTY SUBDIVISION APPLICATION

Community Development Department

APPLICATION TYPE	LAND USE INFORMATION
<input type="checkbox"/> TENTATIVE SUBDIVISION MAP <input type="checkbox"/> TENTATIVE PARCEL MAP <input type="checkbox"/> LOT LINE ADJUSTMENT <input type="checkbox"/> CERTIFICATE OF COMPLIANCE <input type="checkbox"/> LOT MERGER <input type="checkbox"/> ENVIRONMENTAL ASSESSMENT <i>(Check all applicable)</i>	EXISTING LAND USE:  REQUESTED LAND USE:  NUMBER OF REQUESTED LOTS:  NUMBER OF EXISTING LOTS:  STRUCTURE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO  IF YES, HOW MANY:

**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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