



CITY OF ARCATA
APPLICATION FORM

Community Development Department, 736 "F" Street, Arcata, California 95521

(707) 822-5955; fax (707) 825-2029

Date: _____

PROJECT SITE

Project Location:

Assessor Parcel Number(s): _____

Street Address: _____

APPLICANT(S) (Project will be processed under Applicant's Name)

Name _____

Address _____

Phone/Fax _____

Email _____

Send Status Report

Applicant's Signature _____

Date _____

Name _____

Address _____

Phone/Fax _____

Email _____

Send Status Report

Applicant's Signature _____

Date _____

PROPERTY OWNER(S) (different from applicant? Yes No)

Name _____

Address _____

Phone/Fax _____

Email _____

Send Status Report

Name _____

Address _____

Phone/Fax _____

Email _____

Send Status Report

BILLING ADDRESS (different from applicant? Yes No) **REPRESENTATIVE** (different from applicant? Yes No)

Name _____

Address _____

Phone/Fax _____

Email _____

Send Status Report

Address _____

Phone/Fax _____

Email _____

Send Status Report

PROPOSED PROJECT

Proposed Use(s): _____

Project Description: _____

Written Description Attached? Yes No Checklists Attached? Yes No

APPLICATION TYPE	APPLICATION TYPE	APPLICATION TYPE
LEGISLATIVE:	DESIGN AND HISTORIC REVIEW:	MISCELENEOUS:
<input type="checkbox"/> Annexations	<input type="checkbox"/> Design Review	<input type="checkbox"/> Alterations or Demolition
<input type="checkbox"/> Land Use Code Amendment	<input type="checkbox"/> Design Review Amendment	<input type="checkbox"/> Coastal Development Permit
<input type="checkbox"/> General Plan Amendment	<input type="checkbox"/> Design Review: Sign	<input type="checkbox"/> Emergency Permit
<input type="checkbox"/> Zoning Map Amendment		<input type="checkbox"/> Hillside Development
<input type="checkbox"/> Historical Designation	DEVELOPMENT APPROVAL:	<input type="checkbox"/> Tree Removal
<input type="checkbox"/> Interpretations/Determinations	<input type="checkbox"/> Use Permit	<input type="checkbox"/> Variance
<input type="checkbox"/> Local Coastal Program Amendment	<input type="checkbox"/> Use Permit - Minor	<input type="checkbox"/> Zoning Clearance
	<input type="checkbox"/> Use Permit Amendment	<input type="checkbox"/> Certificate of Compliance
ADMINISTRATIVE:	<input type="checkbox"/> Planned Development Permit	<input type="checkbox"/> Extension Request
<input type="checkbox"/> Abandonment/Vacation	<input type="checkbox"/> Planned Development Amendment	<input type="checkbox"/> Home Occupation Permit
<input type="checkbox"/> General Plan Consistency	<input type="checkbox"/> Subdivision	<input type="checkbox"/> Business License
<input type="checkbox"/> Special Studies Zone	<input type="checkbox"/> Lot Line Adjustment	<input type="checkbox"/> Plan Check
<input type="checkbox"/> Time Extension	<input type="checkbox"/> Parcel Merger	<input type="checkbox"/> Appeal
<input type="checkbox"/> Vision Clearance Waiver		<input type="checkbox"/> Legal Notice
<input type="checkbox"/> Wetland/Creek Protection Notice and/or Easement		<input type="checkbox"/> Preliminary Review
<input type="checkbox"/> Zoning Enforcement		<input type="checkbox"/> Other

OWNER'S AUTHORIZATION & ACKNOWLEDGMENT

I hereby authorize the City of Arcata to process this application, and I authorize the City of Arcata representatives to enter upon the above referenced property as reasonably necessary to evaluate the project. I have reviewed the attached application checklist and procedure outline for this type of project, and all applicable information, plans, fee deposits, etc. noted on the checklist have been submitted with this application form. I acknowledge that processing of applications which are not complete or do not contain accurate information may be delayed and could result in denial or revocation of approvals. I also acknowledge if this project requires excess staff time not covered within my fee deposit, I will be billed at the fully burdened rate for all costs and the payment is due before I receive a certificate of occupancy. Unless another party is designated through form 'Property Owner Designated Project Representative,' I am the responsible party and primary contact for all billing, status reports and project updates.

Owner's Signature _____ Date _____ Owner's Signature _____ Date _____

Per Community Development Department policy, a status report will be mailed periodically to the first listed applicant while the file is open and once in the month following the closure of the file. The owner may request his/her status report be assigned to another owner, applicant, or a representative in writing under a separate cover or on this application by checking the "send status report" box under the respective person's contact information above. Similarly, additional owners, applicants, and/or representatives may be included in the status report distribution list by checking the "send status report". **You may not opt out of this service** – at least one owner, applicant, or representative must receive monthly status reports. Status reports will be mailed U.S.P.S., and the postage fee will be assessed to the project billing.