



CITY OF ATASCADERO

Planning Application

6500 Palma Avenue | Atascadero, CA 93422 | Phone: (805) 461-5035 | www.atascadero.org



QR Code For
Fillable PDF

Application Appointment Required / Payment of Cash or Check Required at Submittal

Property Owner: _____ Applicant: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Mailing Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Representative: _____ Certified Arborist: _____

Phone: _____ Certification # : _____

Email: _____ Phone / Cell: _____

Mailing Address: _____ Email: _____

City _____ State: _____ Zip: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Project Description– May Attach Separate Sheet if Needed

Project Address(es): _____

Assessor Parcel Number(s) (APN): _____

Brief Project Description: _____

Authorization of Agent

INDEMNIFICATION AGREEMENT

The owner / applicant shall defend, indemnify and hold harmless the City or its agents or officers and employees from any claim, action or proceeding against the City or its agents, officers, or employees to attach, set aside, void, or annul, in whole or in part, the City's approval of this project. In the event that the City fails to promptly notify the Owner / Applicant of any such claim, action or proceeding, or the City fails to cooperate fully in the defense of said claim, this condition shall thereafter be of no further force or effect.

PROPERTY OWNER AUTHORIZATION

By signing this application I certify that I have reviewed this completed application, the attached material and the above indemnification agreement, and consent to the filing of this application. I agree to allow the Community Development Department to duplicate and distribute plans to interested person as it determines necessary for the processing of the application.

PERMISSION TO ACCESS PROPERTY:

This section is to be completed by the property owner and/or occupant who controls access to the property. Community Development Staff, appointed and elected officials of the City will have to gain access to the exterior of the property to review and report on the proposed project. Your signature certifies that you agree to give the City permission to access the project site from 8am to 5pm Monday through Friday or through an appointment as part of application review.

APPLICANT / REPRESENTATIVE CERTIFICATION:

By signing this application I certify that the information provided is accurate. I understand the City might not approve what I'm applying for, or might set conditions of approval. I agree to allow the Community Development Department to duplicate and distribute plans to interested persons as it determines is necessary for processing of the application.

APPLICANT/REPRESENTATIVE SIGNATURE

PRINT NAME

DATE

PROPERTY OWNER SIGNATURE

PRINT NAME

DATE



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AREA BELOW FOR OFFICIAL USE ONLY

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Application #: _____

Fees Due: _____

Date Paid: _____

Receipt #: _____