City of Atascadero

COMMUNITY DEVELOPMENT

PUBLIC INFORMATION – PLANNING DIVISION

QR Code for Fillable PDF

PLANNING APPLICATION

· APPLICATION APPOINTMENT REQUIRED · PAYMENT REQUIRED AT SUBMITTAL ·

Property Owner:_____

Phone:_____

Email:_____

Mailing Address: _____

City: _____ State:_____ Zip:_____

Applicant:_____

Phone:_____

Email:_____

Mailing Address: _____

City: _____State:_____Zip:_____

Representative:_____

Phone:_____

Email:_____

Mailing Address: _____

City: _____ State:_____Zip:_____

Certified Arborist:_____

Certification #:_____

Phone:_____

Email:_____

Mailing Address:_____

City:_____State:_____ Zip:_____

PROJECT DESCRIPTION

Project Address(es):_____

Assessor Parcel Number(s) (APN):_____

Brief Project Description:_____

_____

OWNER-APPLICANT CERTIFICATIONS AND AGREEMENTS

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.

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.

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 attack, set aside, void, or annul, in whole or in part, the City's approval of this project.

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 and 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.

_____

Property Owner Signature

_____ _____

Print Name Date

_____

Applicant/Representative Signature

_____ _____

Print Name Date

City of Atascadero

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COPYRIGHT RELEASE AND PUBLIC RECORD AUTHORIZATION (Pursuant to California Government Code Section 65103.5)

I, the undersigned, hereby declare and affirm that I am the author, copyright holder, or the duly authorized representative of the licensed professional, firm, or entity authorized to grant this release for the preliminary and entitlement-level construction drawings submitted for this project (including, but not limited to, architectural, landscape, civil, survey, lighting, and photometric plans). By signing below, I authorize the City of Atascadero to reproduce, distribute, post online, and display these materials in agenda packages, staff reports, environmental documents, and public presentations for the duration of the entitlement process and indefinitely for public record compliance.

- **Alternative Compliance:** If I elect not to sign this release, alternative conceptual exhibits, massing diagrams, or site plans with sufficient detail to demonstrate code compliance are required, which may be publicly posted and utilized by the City as described above.
- **Physical Copies Requirement:** If this copyright release is not signed and provided, the applicant and design professional are jointly responsible for supplying all necessary physical copies for internal distribution to municipal staff and decision-makers, thereby eliminating the requirement for a reduced-scale set.

ARCHITECT:

Company Name

Architect / Authorized Representative

Signature

Date

☐ *Check box if withholding copyright release and providing alternative compliance exhibits*

ELECTRICAL ENGINEER:

Company Name

Engineer / Authorized Representative

Signature

Date

☐ *Check box if withholding copyright release and providing alternative compliance exhibits*

SURVEYOR:

Company Name

Surveyor / Authorized Representative

Signature

Date

☐ *Check box if withholding copyright release and providing alternative compliance exhibits*

CIVIL ENGINEER:

Company Name

Engineer / Authorized Representative

Signature

Date

☐ *Check box if withholding copyright release and providing alternative compliance exhibits*

LANDSCAPE ARCHITECT:

Company Name

Surveyor / Authorized Representative

Signature

Date

☐ *Check box if withholding copyright release and providing alternative compliance exhibits*

OTHER:

Company Name

Authorized Representative

Signature

Date

☐ *Check box if withholding copyright release and providing alternative compliance exhibits*

AREA BELOW FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY:

APPLICATION NO.:_____ FEES DUE:_____

DATE PAID:_____ RECIEPT NO.:_____