



## Community Development Department | Planning Division

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# Planning Permit Application

Project name \_\_\_\_\_ Project address \_\_\_\_\_

APN(s) \_\_\_\_\_

Application Type(s)			Case Number(s)
Planning Commission Workshop			_____
Design Review	P/C	Staff	_____
Conditional Use Permit	P/C	Staff	_____
General Plan Amendment	Text	Map	_____
Land Use Code Amendment	Text	Map	_____
Lot Line Adjustment			_____
Lot Merger			_____
Subdivision Map	Major	Minor	_____
Heritage Tree Permit	P/C	Staff	_____
Sign Permit/Program	P/C	Staff	_____
Variance	P/C	Staff	_____
Modification to previous approval	P/C	Staff	_____
Other _____			_____

Office Use Only

Fee: \_\_\_\_\_

Processed Date: \_\_\_\_\_

Receipt No. \_\_\_\_\_

Brief project description \_\_\_\_\_

<b>Applicant</b>	_____	<b>Property Owner</b>	_____
Contact	_____	Contact	_____
Mailing address	_____	Mailing address	_____
City, state, zip	_____	City, state, zip	_____
Telephone no.	_____	Telephone no.	_____
E-mail	_____	E-mail	_____
<b>Design Firm</b>	_____	<b>Engineer</b>	_____
Contact	_____	Contact	_____
Mailing address	_____	Mailing address	_____
City, state, zip	_____	City, state, zip	_____
Telephone no.	_____	Telephone no.	_____
E-mail	_____	E-mail	_____

*Please complete reverse side*

**Additional recipients of project correspondence**

If you desire project correspondence and notice of meetings to be sent to parties other than the Applicant and Property Owner, please list their names, address and telephone numbers below.

Name	Address	E-Mail address
_____	_____	_____
_____	_____	_____

**Owner Acknowledgements**

I declare under penalty of perjury that I am the owner of said property. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.

Property Owner Signature(s)		Date _____
		Date _____

**Applicant Acknowledgements**

I declare under penalty of perjury that I have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.

Applicant Signature(s)		Date _____
		Date _____

**Partnerships & Corporations**

In the case of a partnership, all general and limited partners shall be identified. In the case of a corporation, all shareholders owning 10% or more of the stock and all officers and directors shall be identified.

Name	Address	Signature
_____	_____	_____
_____	_____	_____

**Applicant Indemnification Agreement**

As part of this application, the applicant agrees to defend, indemnify, release and hold harmless the City of Healdsburg, its agents, officers, attorneys, councilmembers, employees, boards, and commissions from any claim, action or proceeding brought against any of the foregoing individuals or entities, the purpose of which is to attack, set aside, void or annul any approval of the application or related decision, or the adoption of any environmental documents which relate to the approval.

This indemnification shall include, but is not limited to, all damages, costs, expenses, attorney fees or expert witness fees that may be asserted by any person or entity, including the applicant, arising out of or in connection with the approval of the application or related decision, whether or not there is concurrent, passive or active negligence on the part of the City, its agents, officers, attorneys, councilmembers, employees, boards, and commissions.

If for any reason, any portion of this indemnification agreement is held to be void or unenforceable by a court of competent jurisdiction, the remainder of the agreement shall remain in full force and effect.

I have read and agree with all of the above.

	Date	
Applicant's printed name		

\_\_\_\_\_  
Applicant's signature