

GENERAL APPLICATION FORM

CITY OF SAUSALITO - COMMUNITY DEVELOPMENT DEPARTMENT

420 LITHO STREET • SAUSALITO, CA 94965 • (415) 289-4100

APPLICATION NO. _____	DATE RECEIVED _____
___ Administrative Design Review	___ Minor Subdivision (up to 4 lots)
___ Administrative Sign Permit	___ Minor Use Permit
___ Amended Final Map	___ Nonconformity Permit
___ Amended Parcel Map	___ Parking Determination
___ Appeals	___ Revised Parcel Map
___ Certificate of Compliance	___ Revised Tentative Map
___ Conditional Use Permit	___ Specific Plan Amendment
___ Condominium Conversion CUP	___ Subdivision Extension
___ Condominium Subdivision	___ Variance
___ Design Review	___ Vesting Tentative Map
___ Design Review Modification	___ Zoning Administrator
___ Determination of Use	___ Zoning Ordinance Amendment
___ Encroachment Agreement	___ Zoning Permit
___ General Plan Amendment	___ Environmental Review _____
___ Lot Line Adjustment	
___ Major Subdivision (5+ lots)	___ Other: _____

ADDRESS _____ DATE BUILDING CONSTRUCTED _____

ASSESSOR'S PARCEL # _____ ZONING DISTRICT: _____

1. Owner(s) Name: _____
Address: _____ City: _____ State: _____
Zip: _____ Phone: _____ Fax: _____
Email: _____

2. Applicant(s) Name: _____
Address: _____ City: _____ State: _____
Zip: _____ Phone: _____ Fax: _____
Email: _____

3. Primary Point of Contact: Email _____
Owner _____ Buyer _____ Agent _____ Architect _____

4. Existing Use(s): _____

5. Proposed Construction: _____

If new or additional construction is proposed, complete the following in addition to the attached Zoning Permit Application:

6. Will grading be required? Yes _____ Cubic Yards (cut/fill) _____ No _____

7. How will water be supplied? MMWD _____ Individual Well(s) _____ N/A _____

8. Will any trees be removed? Yes _____ No _____
If yes, what types? _____

9. Other proposed improvements:
Landscaping _____ Dredging _____ Parking _____ Exterior Lighting _____

VARIANCES ONLY (ATTACH ADDITIONAL LETTER OF JUSTIFICATION)

Describe the proposed Variance:

Variance from Section(s): _____

SUBDIVISION INFORMATION ONLY

Number of Lots: _____ Condominium: Yes _____ No _____

LOT LINE ADJUSTMENT INFORMATION ONLY

Describe the Proposed Lot Line Adjustment:

Existing Parcel Size(s): Parcel 1: _____ Parcel 2: _____
Adjusted Parcel Size(s): Parcel 1: _____ Parcel 2: _____

PARCEL ONE

PARCEL TWO

Owner's Signature _____

Owner's Signature _____

Date _____

Date _____

Owner's Name (Please Print) _____

Owner's Name (Please Print) _____

Assessor's Parcel Number _____

Assessor's Parcel Number _____

* If there are more than two affected property owners, please attach separate letters of authorization

REZONING OR TEXT AMENDMENT ONLY

The applicant wishes to amend Section _____ of the Sausalito Municipal Code Title 10 (Zoning).

The applicant wishes to Rezone parcel _____ from the _____ Zoning District to _____

GENERAL OR SPECIFIC PLAN AMENDMENT ONLY

Please describe the proposed amendment:

CERTIFICATION AND SIGNATURES

I, the property owner, do hereby authorize the applicant designated herein to act as my representative during the review process by City staff and agencies.

Owner's Signature _____

Date _____

I, the applicant, do hereby declare under penalty of perjury that the facts and information contained in this application, including any supplemental forms and materials, are true and accurate to the best of my knowledge.

Applicant's Signature _____

Date _____