

**City of Lathrop Planning Division  
Administrative Application Form**

<b>For office Use Only</b>	
Application Number:	Project Planner:
Application Date:	Receipt Number:

**THIS FORM TO BE COMPLETED BY THE APPLICANT PRIOR TO FILING**

Type of Application:
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<b>Owner/Applicant Information</b>				
Owner's Name				
Address/City/State/Zip				
Email		Phone		Fax
Applicant's Name				
Business Name (DBA)				
Address/City/State/Zip				
Email				
Contact Person				
Email		Phone		Fax

<b>Property Information</b>	
Site Address	
Assessor's Parcel Numbers (APNs)	
Project Name	
General Plan Designation	
Zoning Designation	
Structure Size (Sq.Ft.)	
Property Size (Ac./Sq.Ft.)	

***Project Description***

**Please describe the project, including number and size of proposed lots (use additional sheets if necessary)**

<b>Employee/Customer Information</b>			
SHIFT HOURS	DAYS OF THE WEEK	NUMBER OF EMPLOYEES	CUSTOMER PER SHIFT

<b>Materials/Equipment Information</b>
Please describe the equipment proposed to be used during construction of the project:
Please describe the materials, produced, stored or used for the project, including any hazardous materials:

<b>Buildings and Structures</b>				
The following information shall be shown on the required site plan. Please indicate all existing and proposed dwellings, buildings, and structures and their sizes:				
Bldg. No.	Proposed or Existing Structure (Please Indicate)	Floor Area	No. of Floors	Overall Height

<b>Sewer/Water/Storm Drainage</b>			
Sewer Provider		Distance to Public Connection	
Water Provider		Distance to Public Connection	
Storm Drainage Provider		Distance to Public Connection	

If on-site services are to be utilized, please indicate the type, location and whether the service is existing or proposed:

#### Utilities

Electricity Provider		Distance to Public Connection	
Natural Gas Provider		Distance to Public Connection	
Telephone Provider		Distance to Public Connection	

#### Existing Roads

Road Name	Right of Way Width	Pavement Width	Frontage Improvements

#### Parking

No. of Full Sized Spaces	No. of Compact Spaces	No. of Handicap Spaces	No. of RV/Truck Spaces	No. of Total Spaces

#### Landscaping

Landscaped Area (Total Sq. Ft.)	Percent of Project Landscaped	Type of Street Trees	No. of Street Trees	Type of Irrigation

#### Other Information

Please provide any additional information you may feel is helpful to staff in processing your application:

### Certifications and Signatures

1. Is the project site included on the "Hazardous Waste and Substance Sites List" or other similar list?

2. Is the proposal an application for a development permit as defined by State law?

(If you're not sure how to answer these questions, please ask a staff member for assistance)

**I, the undersigned, do hereby certify that I have read and understand the attached cover sheet(s) and that the facts and information contained in this application are true and correct, to the best of my knowledge.**

Signature of Applicant/Agent	Signature of Owner(s)*
Please print signed name here	Please print signed name here
Date	Date

- All property owners must sign or provide a signed Agent Authorization Form included in the application packet. (If more space is needed for signatures, please attach additional sheets).

### (For City Use Only)

Application Fee		Design Review	
Estimated NPDES Fee		ESCP & PSP Review	
General Plan Designation		Initial Study	
Zoning District		State Clearinghouse Review	
Notification Fee		Development Committee	
Total Fees Paid		Concurrent Applications	
Referral Date		Application Numbers	
Comments Due Date		Public Hearing Date	

**Agent Authorization Form**

\_\_\_\_\_ is the owner of the subject property for which the following application(s) have been submitted:

Application Name and Number(s): \_\_\_\_\_

The subject properties are located at: \_\_\_\_\_

APNs: \_\_\_\_\_

The Agent for this project is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Signatures of Owners

Type or Print Name: \_\_\_\_\_

Signature of owner: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Signature of owner: \_\_\_\_\_

Note: Owner of record should be as shown on the latest equalized rolls of San Joaquin County – an option to purchase does not constitute ownership. If ownership has recently been transferred, a copy of recorded deed or similar instrument must accompany this form.