



DEPARTMENT OF RESOURCE MANAGEMENT
LAND USE PERMIT EXTENSION APPLICATION
Planning Services Division

675 Texas Street , Suite 5500, Fairfield, CA 94533
Phone (707) 784-6765 Fax (707) 784-4805
www.solanocounty.com

Use Permit (U) Marsh Development Permit (MD) Mobilehome storage permit (MH)

For office use only: Application No: _____ Ex _____ Hrg: ZA PC Date Filed: _____ Plnr: _____

Project Name: _____

Subject Site Information

Site Address: _____ City: _____ State: _____ Zip: _____

Assessor's Parcel Number (s): _____ Size (sq. ft/acre): _____

Preferred Property Access by Staff: OK to access Call applicant before access Call owner before access

Contact Information

Property Owner Name: _____

Contact Name: _____ Phone: _____ Email: _____

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

Architect/Engineer/Land Surveyor Company Name: _____

Contact Name: _____ Phone: _____ Email: _____

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

Applicant/Company Name: _____

Contact Name : _____ Phone: _____ Email: _____

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

Other Contacts:

Name: _____ Phone: _____ Email: _____

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

See reverse side.....

Project Narrative

Describe the type of development approved and any changes or alterations that have occurred or may occur in the immediate future. Include the conditions of approval of the permit and a written status of each of the conditions. Attach additional sheets as necessary.

Information Verification - Signed by Owner and Applicant

Owner and Applicant must sign below certifying that all information is to the best of his/her knowledge true and correct. If the applicant is not the owner of record of all property included in this application, the signature given below is certification that the owners of record have knowledge of and consent to the filing of this application and supporting information. Additionally, the undersigned does hereby authorize representatives of the County to enter upon the above mentioned property for inspection purposes. **This certification acknowledges that if the project exceeds double that of the application fee, applicants are subject to the hourly billing rate of staff time. You will be notified if the project is approaching this threshold.**

I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

Owner signature: _____ Date: _____

PRINTED NAME: _____

Applicant signature: _____ Date: _____

PRINTED NAME: _____

For Office Use Only

Planning Permit Fee(s)				Environmental Review Fees				
_____	_____	MR	EX	\$	_____	Initial Study	\$	_____
_____	_____	MR	EX	\$	_____	Archaeological Study (Sonoma State NWIC)	\$	_____
_____	_____	MR	EX	\$	_____	Negative Declaration	\$	_____
_____	_____	MR	EX	\$	_____	CA Fish and Games (ND or EIR)	\$	_____
Total				\$	_____	Initiate EIR	\$	_____
Total				\$	_____	Mitigation Monitoring Plan	\$	_____
Total				\$	_____	Total	\$	_____

Receipt No.: _____ Date: _____

Staff verify: Zoning : _____ GP Land Use & Consistency: _____

Comments: _____ Staff/Date: _____