

# Butte County Department of Development Services

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## PROJECT INFORMATION

Project # (Staff Use Only)

APPLICANT'S NAME: (If applicant is different from owner an affidavit is required.)	ASSESSOR'S PARCEL NUMBER: - -
ADDRESS: STREET, CITY, STATE, & ZIP CODE	TELEPHONE: ( ) -
E-MAIL:	FAX: ( ) -
OWNER'S NAME:	TELEPHONE: ( ) -
ADDRESS: STREET, CITY, STATE, & ZIP CODE:	

## PROPERTY INFORMATION

NAME OF PROPOSED PROJECT (if any)		SITE SIZE (in square feet or acres)	
LOCATION OF PROJECT (major cross streets and address, if any)			
ZONE	GENERAL PLAN	EXISTING LAND USE	PROPOSED LAND USE
EXISTING STRUCTURES (square feet)		PROPOSED STRUCTURES ( square feet)	UNDER WILLIAMSON ACT CONTRACT <input type="checkbox"/> Yes <input type="checkbox"/> No
(Check One) <input type="checkbox"/> PROPERTY IS OR PROPOSED TO BE SEWERED <input type="checkbox"/> PROPERTY IS OR PROPOSED TO BE ON SEPTIC		(Check One) <input type="checkbox"/> PROPERTY IS OR PROPOSED TO BE ON PUBLIC WATER <input type="checkbox"/> PROPERTY IS OR PROPOSED TO BE ON WELL WATER	

## APPLICATION TYPE

<input type="checkbox"/> ADMINISTRATIVE PERMIT	<input type="checkbox"/> TENTATIVE SUBDIVISION MAP
<input type="checkbox"/> LEGAL LOT DETERMINATION	<input type="checkbox"/> TENTATIVE PARCEL MAP
<input type="checkbox"/> CONDITIONAL USE PERMIT	<input type="checkbox"/> WAIVER OF PARCEL MAP
<input type="checkbox"/> MINOR USE PERMIT	<input type="checkbox"/> CERTIFICATE OF CORRECTION
<input type="checkbox"/> COMMUNICATIONS FACILITY UP/MUP	<input type="checkbox"/> REZONE
<input type="checkbox"/> VARIANCE	<input type="checkbox"/> GENERAL PLAN AMENDMENT
<input type="checkbox"/> MINOR VARIANCE	<input type="checkbox"/> MINING AND RECLAMATION PLAN
<input type="checkbox"/> LOT LINE ADJUSTMENT	<input type="checkbox"/> DEVELOPMENT AGREEMENT
<input type="checkbox"/> CERTIFICATE OF MERGER	<input type="checkbox"/> OTHER _____

## PROJECT DESCRIPTION

FULL DESCRIPTION OF PROPOSED PROJECT (Attach necessary sheets. If this application is for a land division, describe the number and size of parcels.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OWNER CERTIFICATION

I CERTIFY THAT I AM PRESENTLY THE LEGAL OWNER OR THE AUTHORIZED AGENT OF THE OWNER OF THE ABOVE DESCRIBED PROPERTY. FURTHER, I ACKNOWLEDGE THE FILING OF THIS APPLICATION AND CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND ACCURATE. (If an agent is to be authorized, execute an affidavit of authorization and include the affidavit with this application.)

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Please contact Planning Division Staff with any questions.