



GENERAL APPLICATION FORM
CITY OF SAUSALITO - COMMUNITY DEVELOPMENT DEPARTMENT
 420 LITHO STREET • SAUSALITO, CA 94965 • (415) 289-4128

APPLICATION NO. _____

DATE RECEIVED _____

- | | |
|---|--|
| _____ Administrative Design Review Permit | _____ 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 | _____ Sign Permit |
| _____ Condominium Conversion Permit | _____ Specific Plan Amendment |
| _____ Condominium Subdivision | _____ Subdivision Extension |
| _____ Design Review Permit | _____ Variance |
| _____ Design Review Permit Modification | _____ Vesting Tentative Map |
| _____ Determination of Use | _____ Zoning Administrator |
| _____ Encroachment Agreement | _____ Zoning Ordinance Amendment |
| _____ General Plan Amendment | _____ Zoning Permit |
| _____ Lot Line Adjustment or Merger | |
| _____ Major Subdivision (5+ lots) | _____ Other: _____ |

ADDRESS: _____

ASSESSOR'S PARCEL #: _____ **ZONING DISTRICT:** _____

YEAR STRUCTURE(S) BUILT/DEVELOPED: _____

- Owner(s) Name: _____
 Address: _____ City: _____ State: _____
 Zip: _____ Phone: _____ Fax: _____
 E-mail: _____
- Applicant(s) Name: _____
 Address: _____ City: _____ State: _____
 Zip: _____ Phone: _____ Fax: _____
 E-mail: _____
- Applicant's interest in the property:
 Owner _____ Buyer _____ Representative _____ Architect _____
- Existing Use(s): _____

- Proposed Project:
 (Provide separate sheet if necessary)

If new/additional construction is proposed, complete the following:

- Will grading be required? Yes _____ Cubic Yards (cut/fill) _____ No _____
- How will water be supplied? MMWD _____ Individual Well(s) _____ N/A _____
- Will any trees be removed? Yes _____ No _____
 If yes, list species: _____
- Other proposed improvements:
 Landscaping _____ Dredging _____ Parking _____ Exterior Lighting _____

VARIANCES ONLY (ATTACH ADDITIONAL LETTER OF JUSTIFICATION)

Describe the requested variance:

SUBDIVISION INFORMATION ONLY

Number of Lots: _____ Condominium: Yes _____ No _____

LOT LINE ADJUSTMENT/MERGER 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:

ALL APPLICATIONS PLEASE COMPLETE CERTIFICATION AND SIGNATURES ON NEXT PAGE

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. I shall defend, indemnify (including reimbursement of all fees and costs reasonably incurred by separate counsel retained by the City) and hold harmless the City and its elected and appointed officials, officers, agents and employees, from and against any and all liability, loss, damage, or expense, including without limitation reasonable attorney's fees which City may suffer or incur as a result of any claims relating to or arising from the City's approval of the project or any portion of the project.

Brenda Wood
Owner's Signature

8/13/24
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. I acknowledge, understand, and agree that all materials and information, including any soils, seismic hazard, landslide, geologic, natural hazard, or geotechnical report, study, or information submitted to the City by, or on behalf of, the applicant in furtherance of this application submitted by the applicant will be treated by the City as public records pursuant to the CA Public Records Act which may be reviewed by any person and if requested, that a copy will be provided by the City to any person upon the payment of its direct costs of duplication. I have read and agree to all of the above.

[Signature]
Applicant's Signature

8/8/24
Date

COPYRIGHT MATERIALS RELEASE

To the extent that your application submittal packet includes plans or drawings prepared by a licensed, registered or certified professional, as defined pursuant to the California Health and Safety Code Section 19851 or Business and Professions Code Section 5536.25, such as a licensed engineer, architect or other design professional, the City must first obtain the signature release and permission of said professional prior to publication or reproduction of any such plans or drawings. Such drawings and plans may also be protected by copyright laws. The City of Sausalito hereby requests permission to reproduce and publish plans and drawings submitted with your application packet for purposes of more effectively and efficiently facilitating the entitlement review process, including making plans and drawings available on the City's website for public review and providing electronic reproductions to the City's review boards and commissions. The purpose of this request is limited solely to the purpose of facilitating the timely review of this application, and the plans and drawings will not be utilized by the City for other purposes. To assist the City in this process, please provide below the signatures of all of those who have prepared plans and drawings to be submitted with this application agreeing to publication or reproduction of any such plans or drawings by the City.

Engineer Name: _____ Phone: _____ Email Address: _____

ENGINEER /SURVEYOR'S SIGNATURE AUTHORIZING PUBLICATION OR RERODUCTION OF PLANS/DRAWINGS

Architect Name: _____ Phone: _____ Email Address: _____

ARCHITECT/DESIGNER'S SIGNATURE AUTHORIZING PUBLICATION OR RERODUCTION OF PLANS/DRAWINGS

Landscape Architect Name: _____ Phone: _____ Email Address: _____

LANDSCAPE ARCHITECT/DESIGNER SIGNATURE AUTHORIZING PUBLICATION OR RERODUCTION OF PLANS/DRAWINGS
