



Community Development Department

11 English Street
Petaluma, CA 94952
Phone: 707-778-4301

Email: cdd@ci.petaluma.ca.us
Web: www.cityofpetaluma.net/cdd



Building ♦ Planning

PUBLIC WORKS PERMIT APPLICATION

Permit # _____

PROJECT NAME			
PROJECT ADDRESS		AP NO:	
APPLICANT/AGENT:	PHONE NO:	FAX NO:	E-MAIL ADDRESS:
ADDRESS:		CITY:	STATE/ZIP:
PROPERTY OWNER IF OTHER THAN APPLICANT:	PHONE NO:	FAX NO:	E-MAIL ADDRESS:
ADDRESS:		CITY:	STATE/ZIP:
PLEASE LIST THE NAME OF THE PERSON TO WHOM THE CHECK WILL BE PAID AND A MAILING ADDRESS, SHOULD A REFUND BE NECESSARY:			
HAVE YOU PREVIOUSLY SPOKEN TO STAFF REGARDING THIS APPLICATION? IF SO, WHO?			
HAS PROJECT RECEIVED A PREVIOUS ENTITLEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, FILE NUMBER:			
<input type="checkbox"/> ABANDONMENT	<input type="checkbox"/> LOT LINE ADJUSTMENT/LOT MERGER		
<input type="checkbox"/> CERTIFICATE OF COMPLIANCE	<input type="checkbox"/> OUTSIDE SEWER	<input type="checkbox"/> OTHER:	
<input type="checkbox"/> FINAL MAP AMENDMENT	<input type="checkbox"/> OUTSIDE WATER	<input type="checkbox"/> OTHER:	
<input type="checkbox"/> FINAL PARCEL MAP	<input type="checkbox"/> PUBLIC IMPROVEMENT PLANS		
<input type="checkbox"/> FINAL SUBDIVISION MAP	<input type="checkbox"/> 9% ADMINISTRATIVE OVERHEAD FEE		

I, _____, OWNER, AUTHORIZE _____
TO ACT ON MY BEHALF FOR THIS PROJECT AND I HAVE READ AND AGREE WITH ALL OF THE ABOVE. (APPLICATION MUST BE SIGNED BY OWNER).

PROPERTY OWNER SIGNATURE **DATE**

I, _____, AM THE OWNER/AUTHORIZED AGENT OF THE PROPERTY FOR WHICH THE DEVELOPMENT IS PROPOSED. THE ABOVE INFORMATION AND ATTACHED DOCUMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I HAVE READ AND AGREE WITH ALL OF THE ABOVE.

I HEREBY AUTHORIZE EMPLOYEES OF THE CITY OF PETALUMA TO ENTER UPON THE SUBJECT PROPERTY, AS NECESSARY, TO INSPECT THE PREMISES AND PROCESS THIS APPLICATION.

PROPERTY OWNER (OR) AUTHORIZED AGENT **DATE**