



Development Application Process (DAP) Form

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CITY OF COLTON - Development Services Department

DO NOT WRITE HERE FOR OFFICE USE ONLY
File #: _____
Fee Paid: \$ _____
Receipt #: _____
Staff: _____ Date: _____
APN: _____

INSTRUCTIONS: Please print or type. If the form does not provide enough space for an answer, you may attach additional sheets. If you feel a question is not applicable, write "N/A" for not applicable.

Entitlements Requested:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Architectural/ Site Plan Review | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Variance-Major | <input type="checkbox"/> Entitlement Modification |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Parcel Map | <input type="checkbox"/> Variance-Minor | <input type="checkbox"/> Public Hearing |
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Sign Design Review | <input type="checkbox"/> Zoning Change | <input type="checkbox"/> No Public Hearing |
| <input type="checkbox"/> Lot Merger | <input type="checkbox"/> Tentative Map | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Minor |

Property Address(es) (If known)

Assessor's Parcel Number(s)

Existing (Previous) Land Use(s)

Proposed Land Use(s)

Applicant's Name: _____

Brief Description of Proposal (general description to be completed by the applicant):
DO NOT WRITE 'SEE ATTACHED'

Property Owner's Certification (if property owner's name does not match County Assessor records, attach a copy of the **Grant Deed** as proof of ownership)

I hereby certify that I am the record owner(s) of the property stated above. By signing below, I further authorize the submittal of this application.

Signature Date

Print Name Title (if company) (_____) Phone Number

Company Name (_____) FAX Number

Mailing Address City, State Zip Code E-mail Address



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Property Address (If none, Assessor's Parcel No.)

Does the use involve one of the following (for any answers "yes", describe the activity in the space below:

- Changes to the exterior faces of buildings? Yes No
- Does the site have water service? Yes No
- Does the site have sewer service? Yes No
- Sloped or hillside either within the subject property or adjacent? Yes No
- Alcohol, including beer & wine? Yes No [If yes, ABC License Type _____ (see Alcohol CUP Questionnaire)]
- Assembly uses, including cultural institutions or religious assembly such as churches? Yes No
- Food/drink preparation, handling or storage? Yes No [If 'Yes', then County Health Permit required]
- Entertainment activities, whether primary or ancillary to a main use? Yes No
- Storage, service, sale, display or use (delivery services) involving automobiles, trucks, or other vehicles as part of the activity? Yes No
- School, educational, or training activities? Yes No
- Outdoor storage or activities outside enclosed buildings? Yes No
- Project completed in phases (not completed all at one time)? Yes No
- Do all buildings on the site have fire sprinklers? Yes No

Detailed project description (Attach additional sheets if more space is needed.)

If residential, include the number of units, unit sizes, range of sale prices or rents, type of household sizes, amenities to be provided, landscaping, etc. If non-residential, include type of activities, hours of operation, employees per shift, estimated occupancy, loading facilities, truck and equipment type, and daily truck trips, etc.

Applicant's Certification

I hereby certify that I am the applicant for this application and that the preceding statements are true.

Signature

Date

Print Contact Name

Title (if company)

(____)_____
Phone Number

Company Name

(____)_____
FAX Number

Mailing Address

City, State

Zip Code

E-mail Address



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Number of lots: Existing _____ Proposed _____ Lot Size(s): _____

Number of employees: _____ Zoning: _____ Building Size(s): _____

Estimated time schedule for project completion (occupancy) after project approval: _____

Other permits and/or public approvals needed, including those required by Federal, State, and Regional agencies, or prior or current public approvals for the site:

Attach any deed and/or easement restrictions.

Other Contacts:

Designer/Architect:

_____	_____	(_____)_____
Print Contact Name	Title (if company)	Phone Number
_____	_____	(_____)_____
Company Name		FAX Number
_____	_____	_____
Mailing Address	City, State	Zip Code
		E-mail Address

Engineer:

_____	_____	(_____)_____
Print Contact Name	Title (if company)	Phone Number
_____	_____	(_____)_____
Company Name		FAX Number
_____	_____	_____
Mailing Address	City, State	Zip Code
		E-mail Address

Coordinator:

_____	_____	(_____)_____
Print Contact Name	Title (if company)	Phone Number
_____	_____	(_____)_____
Company Name		FAX Number
_____	_____	_____
Mailing Address	City, State	Zip Code
		E-mail Address



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CITY OF COLTON - Development Services Department

CITY OF COLTON WATER AND SEWER USE DETERMINATION APPLICATION

THIS FORM MUST BE FILED BY THE OWNER OR LEGAL AGENT OF THE OWNER.
(NOTE: Single Family Residential Project applicants are not required to file this form).

INDIVIDUAL'S NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PHONE NUMBER: _____

CONSTRUCTION OFFICE NAME (if applicable): _____

CONSTRUCTION OFFICE ADDRESS: _____

CONTACT PERSON: _____ **PHONE NUMBER:** _____

ALTERNATE CONTACT: _____ **PHONE NUMBER:** _____

BEST TIME TO CALL: _____

STATEMENT OF INTENDED USE: (i.e., Industrial Park, Medical Office)

PRINT NAME

SIGNATURE

DATE

This form will be kept on file in the office of Public Works.
If ownership changes, the City must be notified within 30 days.

FOR CITY USE ONLY.

BACKFLOW

PRE-TREAT

OTHER(EXPLAIN)

PROPOSED:

AS BUILT:

CITY OF COLTON DEVELOPMENT SERVICES DEPARTMENT

LETTER OF AUTHORIZATION

TO: CITY OF COLTON DEVELOPMENT SERVICES DEPARTMENT
FROM: (NAME) _____
(ADDRESS) _____
(TEL. NO.) _____

RE: APPLICATION NUMBER (S) _____
ASSESSOR PARCEL NO. (S) _____

THIS LETTER IS TO NOTIFY YOU THAT I (WE), AS LEGAL OWNER(S) OF THE PROPERTY DESCRIBED IN EXHIBIT "B" ATTACHED HEREBY AUTHORIZE:

(NAME) _____
(ADDRESS) _____
(TEL. NO.) _____

TO FILE AND REPRESENT MY (OUR) INTEREST IN THE ABOVE REFERENCED APPLICATION(S)

SIGNATURE(S) OF LEGAL OWNER(S):	DATE
_____	_____
_____	_____
_____	_____

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____ 20 _____.

NOTARY PUBLIC