



City of Cotati
Community Development
Department
 201 W Sierra Avenue
 Cotati, CA 94931
 (707) 665-3636
permits@cotaticity.gov

DEPARTMENT USE ONLY
PA #:
Filing Date:
Receipt No.:
Received by:
Associated PA #s:
Environmental Review: <input type="checkbox"/> Required <input type="checkbox"/> Exempt

PLANNING PERMIT APPLICATION

Planning permit applications are filed with the Community Development Department. Applicants must also submit all items from the checklist for each desired application type. Only applications with all required submittal items will be accepted. Contact the Department regarding any questions about the application requirements prior to submittal. Visit our [website](#) for submittal checklists and information on individual entitlements and forms. Note that your project may require submittals from multiple checklists, although only one planning permit application form and one copy of redundant submittal items are necessary.

- | | | |
|---|---|---|
| <input type="checkbox"/> Use Permit-Regular/Minor | <input type="checkbox"/> Subdivision-Tentative/Parcel Map | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Design Review-Preliminary | <input type="checkbox"/> Hillside Development | <input type="checkbox"/> Density Bonus |
| <input type="checkbox"/> Design Review-Final | <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Environmental Overview |
| <input type="checkbox"/> Limited Term Permit | <input type="checkbox"/> Annexation | <input type="checkbox"/> Multifamily Objective Design Standards |
| <input type="checkbox"/> Rezoning-Zoning Map/Text Amendment | <input type="checkbox"/> Lot Line Adjustment/Lot Merger | |

Project Site Information:

Project Name: _____
 Address(es): _____
 Assessor's Parcel Number(s): _____

Applicant Information (Primary Contact):

Contact Name/Organization: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email Address: _____

Application Representative Information (if different from applicant - this will be the primary contact):

Contact Name/Organization: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email Address: _____

Property Owner Information: Property owner's signature required on page 3

Contact Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email Address: _____

Brief Project Description:

DISCLOSURE FORM

Please provide the name of each individual, partnership, corporation, LLC, or trust who has an interest in the proposed project. Include the names of all applicants, developers, property owners, and each person or entity that holds an option on the property.

Individuals:	Identify all individuals with ownership options and/or interests in the property
Partnerships:	Identify all general and limited partners
Corporations and LLCs:	Identify all members, managers, partners, officers, directors, and major shareholders.
Trusts:	Identify all trustees and beneficiaries.

Full Name: _____

Address: _____

Full Name: _____

Address: _____

Full Name: _____

Address: _____

Additional names and addresses attached: Yes No

COPYRIGHT MATERIAL 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 Cotati 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 authorities. 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.

Engineer/Surveyor Name: _____

Email Address: _____ Phone: _____

ENGINEER/SURVEYOR'S SIGNATURE _____

Architect/Designer Name: _____

Email Address: _____ Phone: _____

ARCHITECT/DESIGNER'S SIGNATURE _____

Landscape Architect/Designer Name: _____

Email Address: _____ Phone: _____

LANDSCAPE ARCHITECT/DESIGNER SIGNATURE _____

AGREEMENTS

PLEASE READ EACH STATEMENT AND CHECK EACH BOX BELOW INDICATING CONSENT

DEPOSIT AGREEMENT To comply with Ordinance No. 692 the Community Development Department utilizes a cost recovery system for staff time and the costs of any City Consultants performing work on your project, as well as all other costs associated with processing applications received by the City. To implement this system, the City collects a deposit to cover these estimated costs. The amount of the deposit varies based on the type of applications received. Applicant agrees to be responsible for the payment of all costs (including staff costs at fully burdened hourly rates and City consultant costs) and fees, direct and indirect, associated with the processing of this application even if the application is withdrawn and/or not approved. Any remaining portion will be refunded to the applicant upon written request to the Administrative Services Department and confirmation from the City's project manager that all outstanding charges have been processed.

INTEREST ACCRUAL In addition to the initial deposit made at the time of the application submittal, the applicant may be required to make further deposits for anticipated work. Invoices are due and payable within fifteen (15) days after the invoice date. Any account with an overdrawn balance for more than 30 days following the invoice date will be assessed a 3% interest charge for the first 30 days. Interest rates will then increase by 1% for every subsequent 30-day period of delinquency, up to a maximum rate of 5%.

MINIMUM BALANCE Your deposit account will be required to always maintain a minimum balance equal to 25% of your original deposit amount. Should the amount on deposit fall below that 25% minimum, you will be asked to remit the amount due for services rendered plus the additional amount needed to maintain the 25% balance. Should your account become delinquent or fall below a zero balance, work will stop on your application processing. No work shall proceed until deposits or deposit replenishments are received.

INDEMNIFICATION AGREEMENT The Applicant agrees to defend, indemnify, and hold harmless the City of Cotati, its agents, officers, council members, employees, boards, commissions and committees (collectively, the "Indemnitees"), from any claim, action or proceeding brought against any of the foregoing individuals or entities, the purpose of which is to attack, set aside, void or annul any approval of the applications or related decision, or the adoption of any environmental documents or negative declaration which relates to the approval. This indemnification shall include, but is not limited to, all damages, costs, expenses, attorney fees or expert witness fees that may be incurred by the City or awarded to the prevailing party arising out of, or in connection with, the approval of the application or related decision, whether or not there is concurrent, passive or active negligence on the part of the Indemnitees. If for any reason, any portion of this indemnification agreement is held to be void or unenforceable by a court of competent jurisdiction, the remainder of this agreement shall remain in full force and effect and shall be interpreted to allow the broadest indemnity allowed by law. In the event that applicant is required to defend the Indemnitees in connection with any such claim, action or proceeding, the City shall retain the right to (i) approve the counsel to so defend the Indemnitees, (ii) approve significant decisions concerning the matter in which the defense is conducted, and (iii) approve any and all settlements, which approvals shall not be unreasonably withheld by City. The City of Cotati shall have the right to appear and defend its interest in an action through the City Attorney or outside council.

ELECTRONIC/DIGITAL SIGNATURE DISCLOSURE I understand and agree that (i) electronically signing and submitting any document(s) to the City of Cotati legally binds me in the same manner as if I had signed in a non-electronic or non-digital form, and (ii) the electronically stored copy of my signature, any written instruction or authorization and any other document provided to me by the City of Cotati, is considered to be the true, accurate and legally enforceable record in any proceeding to the same extent as if such documents were originally generated and maintained in printed form. I agree not to contest the admissibility or enforceability of the City of Cotati's electronically stored copy of any other documents. By using the system to electronically sign and submit any document, I agree to the terms and conditions of this Electronic/Digital Signature Disclosure.

By signing below, I am documenting that I am the applicant or legally authorized representative and have read this information and agree with all of the above. I further certify that all of the information included in this application is true and correct.

Applicant's Signature: _____ Date: _____

PROPERTY OWNER'S CONSENT I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.

Property Owner's Signature: _____ Date: _____