



# City of Orland

Planning Division

815 Fourth Street  
 Orland, CA 95963  
 (530) 865-1600 FAX (530) 865-1632

[www.cityoforland.com](http://www.cityoforland.com)

Application No. \_\_\_\_\_

## SITE PLAN REVIEW APPLICATION

APPLICANT INFORMATION		
Applicant:	Phone Number:	
Street Address:	Email:	
City:	State:	Zip:
Representative (If any):	Phone Number:	
Street Address:	Email:	
City:	State:	Zip:
Property Owner:	Phone Number:	
City:	State:	Zip:
PROJECT INFORMATION		
Property Address:		
Assessor's Parcel Number:	Existing Zoning Distance:	
Lot Size:	Square Footage:	
Number of Floors to be Constructed:	Number of Off-street Parking:	
Request:		

**DECLARATION UNDER PENALTY OF PERJURY (Must be signed by the applicant and the property owner)**

I am (we are) the owner(s) and/or applicant(s) of property involved in this application, and I (we) have completed this application and all other documents required.

I am (we are) the owner(s) and/or applicants of the property consenting to the preparation and submission of this application.

I (we) also shall agree to abide by the conditions of approval as issued by the Planning Commission. I (we) declare under penalty of perjury that the foregoing is true and correct.

The property owner(s) and/or applicant(s) by signing this application, shall be deemed to have agreed to defend, indemnify, release and hold harmless the City, its agents, officers, attorneys, employees, boards and commissions 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 null the approval of this development entitlement or approval or certification of the environmental document which accompanies it, or to obtain damages relating to such action(s). This indemnification agreement shall include, but not be limited to damages, costs, expenses, attorney fees or expert witness fees that may be asserted by any person or entity, including the applicant, arising out of or in connection with the approval of the entitlement, whether there is concurrent passive or active negligence on the part of the City.

**FOR OFFICE USE ONLY**

APPLICATION NO.	PROJECT NO.	DATE RECEIVED	DATE APPLICATION CERTIFIED COMPLETE	
FEES RECEIVED/CHECK NO.	CEQA DETERMINATION			DATE FILED
	EXEMPT <input type="checkbox"/>	N.D. <input type="checkbox"/>	M.N.D. <input type="checkbox"/>	EIR. <input type="checkbox"/>