



City of Orland

Planning Division

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

www.cityoforland.com

Application No. _____

ENVIRONMENTAL INFORMATION FORM

APPLICANT INFORMATION		
Applicant:		Phone Number:
Street Address:		Email:
City:	State:	Zip:
Property Owner:		Phone Number:
Street Address:		Email:
City:	State:	Zip:
CORRESPONDENCE TO BE SENT TO	<input type="checkbox"/> APPLICANT	<input type="checkbox"/> OWNER
PROJECT INFORMATION		
Property Address/Location:		
Assessor's Parcel No.:		Existing Zoning District:
No. of Floors to be Constructed:		No. of Off-Street Parking:
IF RESIDENTIAL		
No. of Units:	Design of Units:	Square Footage of Each Unit:
IF COMMERCIAL		
Type of Use:		Square Footage:
No. of Employees:		Number of Shifts:
Hours of Operation:		

IF INDUSTRIAL					
Type of Use:		Square Footage:			
No. of Employees:		No. of Shifts:			
Hours of Operation:					
IF INSTITUTIONAL:					
Type of Use:		Square Footage:			
No. of Employees:		No. of Shifts:			
Hours of Operation:		Estimated Occupancy:			
ARE THE FOLLOWING APPLICABLE TO THE PROJECT?					
<input type="checkbox"/> Bays, Tidelands, Beaches	<input type="checkbox"/> Scenic Views or Vistas	<input type="checkbox"/> General Area			
<input type="checkbox"/> Solid Waste or Litter	<input type="checkbox"/> Dust, Ash, Smoke, Fumes	<input type="checkbox"/> Drainage Patterns			
<input type="checkbox"/> Noise or Vibration Levels	<input type="checkbox"/> Site on Filled Land	<input type="checkbox"/> Hazardous Materials			
REQUIRED SIGNATURES					
I hereby certify that this application and all other documents submitted are true and correct to the best of my knowledge and belief. I also certify that I am the owner of the above property or have attached the owner's written consent to file this application.					
Signature:		Date:			
FOR OFFICE USE ONLY					
APPLICATION NO.	PROJECT NO.	DATE RECEIVED	DATE APPLICATION CERTIFIED COMPLETE		
FEES RECEIVED/CHECK NO.	CEQA DETERMINATION				DATE FILED
	EXEMPT	N.D.	M.N.D.	EIR.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	