



COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING DIVISION

3900 MAIN STREET – THIRD FLOOR, RIVERSIDE, CA 92522
PHONE: (951) 826-5371 / FAX: (951) 826-5981
www.riversideca.gov/planning

GENERAL APPLICATION FORM

Refer to development case-type checklist for specific submittal requirements. Failure to fully complete this application and provide information necessary for completeness will result in the rejection of the application.

PART 1 – PROJECT INFORMATION (MUST BE COMPLETED BY APPLICANT)

Project Description (State in detail what you want to do, attach separate sheets if necessary):

Site Address: _____

Assessor's Parcel Number: _____ Size of Subject Property (if known): _____

- Attach a copy of the most recent Grant Deed.
- If your request is not for the entire property described on the deed, attach a metes and bounds description.
- Attach a copy of the Assessor's Plot Map showing the subject site.

PART 2 – PROPERTY OWNER(S) CERTIFICATION (If more than one owner, attach list)

I hereby certify that I am (we are) the record owner(s) [for property tax assessment purposes] of the property encompassed by this application. I further acknowledge and understand on behalf of myself and my representatives and agents that if the project is subject to an Environmental Impact Report, ALUC Review and approval, Military Consultation or Tribal Consultation, the time lines prescribed in the Riverside Municipal Code are stayed until such time as said review and/or consultation is complete. I also understand and agree that the submittal date of my application will be the filing deadline following receipt of my request.

Signature: _____ Date: _____

Property Owner of Record (PRINT NAME): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: (_____) _____ Facsimile: (_____) _____

E-Mail Address: _____

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PART 3 – APPLICANT INFORMATION

Firm/Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: (_____) _____ Facsimile: (_____) _____

E-Mail Address: _____

PART 4 – PROJECT ENGINEER/PLANNER/ARCHITECT (IF OTHER THAN APPLICANT)

Firm/Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: (_____) _____ Facsimile: (_____) _____

E-Mail Address: _____

If an other person should be notified regarding this processing of this request, attach the name, address, and telephone number on an additional sheet and check this box.

PART 5 – INDEMNIFICATION AGREEMENT (PROPERTY OWNER & APPLICANT)

Applicant and legal owner of the property, hereby agree to defend, indemnify and hold harmless the City and its agents, officers, attorneys and employees from any claim, action, or proceeding (collectively referred to as "proceeding") brought against the City or its agents, officers, attorneys or employees to attack, set aside, void, or annul the City's decision to approve any tentative map (tract or parcel) development, land use permit, license, master plans, precise plans, preliminary plans, design review, variances, use permits, general and specific plan amendments, zoning amendments, and approvals and certifications under CEQA. This indemnification shall include, but not limited to, damages, fees and/or costs awarded against the City, if any, and cost of suit, attorney's fees and other costs, liabilities and expenses incurred in connection with such proceeding whether incurred by applicant, the City, and/or the parties initiating or bringing such proceeding.

Property Owner's Signature

Date

Applicant's Signature

Date