Signatures required on back of form. Please print clearly.

# Standard Application 2

Application Received				
Ву:	Date: _			
Application #:				

## **WE WILL NOT ACCEPT INCOMPLETE SUBMITTALS!!**

<b>1.</b>	1. Type of application: Check one or more  Boundary Adjustment Subdivision Conditional Use Permit Variance Site Development Review Rezoning  Administrative Conditional Use Permit Sign Review Other:					
2.	Brief description	of application:*				
3.	Project site:	Address	City		State	Zip Code
4.	Assessor's parce					
5.	Special instruction	ons to access prop	erty (e.g. dogs, gate	es, alarms, etc.) .*		
6.	Land owner:	NAME		COMPANY		
		Address	City		State	Zip Code
	Contact Phone(s)	Fax #	Email Addres	SS		
7.	Applicant:  (if different from above)  Same as above	NAME		COMPANY		
		Address	City		State	Zip Code
	Contact Phone(s)	Fax #	Email Addres	SS		
8.	Primary contact person:	NAME		COMPANY		
	Other (fill in information)	Address	City		State	Zip Code
	Contact Phone(s)	Fax #	Email Addres	SS		
Side	Distance	ARTMENT USE ONL	Сомми	County INITY DEVELOPMENT NG DEPARTMENT	AGE	NCY 🔷
Unir RO\	nc. Area/District FWL_	Zoning SBL		fices: 224 West Winton Hayward, CA 94 ermit Center: 399 Elmhurst Stre Hayward CA 945	544 eet, Roo	
	Area:(ft) ory	(ac)		: (510) 670-5400 Fax: (510 v.org/cda/planning	) 785-87	93 September 2012

#### AFFIDAVIT:

- 1. I attest under penalty of perjury to the truth and accuracy of all the facts, exhibits, maps, and attachments presented with and made a part of this application.
- 2. I hereby authorize County staff and members of review bodies, including but not limited to the Castro Valley Municipal Advisory Council, the Board of Zoning Adjustments, the Planning Commission, and the Board of Supervisors, to enter upon my property to verify or obtain information, to view the property, or to photograph the property and the surrounding area as part of the application review process. (Please note any special instructions regarding access to your property such as dogs, gates, alarms, etc.)

I understand that staff will make all efforts to notify me of such site visits, but that this may not always be possible.

3. I understand that unless this is a fixed fee application, the money I have submitted constitutes a deposit and that costs necessary to process the application will be billed against this deposit. The County will bill charges for County staff time spent processing this application at an hourly rate that represents salary plus overhead and will bill consultant charges at actual cost. In addition, the County will bill direct costs, including but not limited to actual costs of mailing or publication of notices or actions, against the deposit.

The deposit is based on the typical time it takes to process an application similar to mine. However, processing time can vary depending on the specifics of an application and it is possible, particularly if my application becomes controversial, that the processing time, and thus the cost, may exceed the estimated time. If this happens, I am responsible for the additional costs. When costs approach the amount of my deposit, the County will notify me and request an additional deposit based on the County's best estimate of the additional time necessary to complete the application review.

It is also possible that the costs to process my application will be less than the deposit. If this happens the County will refund the balance of my deposit, less additional post-approval costs such as landscape inspections, after the appeal period for the approval has passed. Should I withdraw my application, County staff will stop working on it and refund the balance of my deposit less any costs to which the County has committed as of the date of withdrawal, such as costs of publication.

I further understand that I am liable for the cost of processing my application regardless of whether the County approves, approves with modifications, or denies my application, and that all applications approved by the County will be conditioned to require that the County be made whole for any costs of processing the application that may be outstanding.

- 4. I understand that acceptance of this application and accompanying material does not constitute acceptance of this application as complete. I further understand that although my application may be deemed complete for purposes of initial review, it is possible that I may need to submit additional information as the review proceeds or after final action on my application before I can implement my project, including but not limited to the following:
  - Additional information as needed to complete an environmental review under the California Environmental Quality Act;
  - Additional information as needed to clarify the application or address questions raised either as a result of responses received from
    the referral of my application to other public agencies and interested parties or in response to issues raised at public hearings by
    members of the hearing body or the general public who submit written or oral testimony at the hearings;
  - Final information that will be necessary to meet Public Works Agency Stormwater Management requirements;
  - Revised plans, elevations, or other material necessary to illustrate or otherwise conform to changes that the final approval body makes to my original submittal;
  - Additional material, such as landscape or drainage improvement plans, that may be required under a condition or provision of approval.

I understand that delay of information submittal or submittal of inaccurate information may delay the review process.

- I understand that if I make changes in proposed plans during the review process or in approved plans before construction permits are issued, during construction, or prior to final inspection and occupancy, such changes will require additional design review by County staff and the advisory and approval bodies. It is my responsibility to submit such revised plans to County staff in a timely manner. This may require four to six or more additional weeks of review and processing time from the time I submit complete plans. Depending on the final outcome of the approval process, I may have to submit revised plans consistent with that action as noted above. In addition, any unauthorized building, demolition, grading, landscaping, or other site plan changes made during the review period will require correction at my expense.
- 6. I understand that any representations made to me in a pre-application meeting or otherwise prior to or during the application review process regarding cost or timing are best-guess estimates and that I cannot bind or hold the County to them. I understand that factors such as changes to my project or issues raised by approval bodies or members of the public during the review process, including at public hearings, can extend the time necessary to complete the review and reach a decision on my application.
- 7. Furthermore, I hereby agree to hold the County harmless from all costs and expenses, including attorney's fees, that the County incurs or held to be the liability of the County in connection with the County's defense of its actions in any proceeding brought in any State or Federal Court challenging the County's actions with respect to my project. This includes but is not limited to actions brought pursuant to the California Environmental Quality Act, the Alameda County Zoning Ordinance, or other State and County code and ordinance requirements. If I fail to defend adequately the County, the County may provide its own legal defense and subdivider or its successors shall be responsible for the County's reasonable attorneys' fees. This agreement to hold the County harmless shall extend to any successors in interest to this application. I agree that if this application is signed by more than one person the obligations and liabilities of each person is joint and several, with each person being responsible for the entire obligation.

Applicant Signature:	Date:
Landowner Signature:	Date:





## **Single Family Residential Lot**



### CLEAN WATER SITE MEASURES DECLARATION

Applicant: Complete the fol	lowing section and attach it	to the Building Permit Application.			
Project Address:		Date:			
Note: See Building Permit Ap	oplication Form for the proje	ect description and other details.			
Site Measures for Single	Family Residential Lot				
A. Site Measures					
		use for irrigation or other acceptable non-potable use.			
<ul> <li>Direct roof runoff onto vegetated areas.</li> <li>Direct runoff from sidewalks, walkways, and/or patios onto vegetated areas.</li> <li>Direct runoff from driveways and/or uncovered parking areas onto vegetated areas.</li> </ul>					
	-	eas with permeable surfaces.			
	•	easily penetrated by water, such as roofed areas, compacted soils, or rock outcrops.			
C. Resources: Please visit	t Alameda County Clean Wa	ater Program at: <a href="http://acgov.org/pwa/programs/water.htm">http://acgov.org/pwa/programs/water.htm</a>			
Project Type Declaration	่า				
	<u> </u>				
<b>Exempt Project:</b>					
1 3		et or more of impervious surface on the site.			
_	Site Measures into the pro	oject is highly encouraged.			
Small Project:					
		r more of impervious surface on the site.  ures into the project is required and must be shown on			
the plans.	of more of the site weast	ares into the project is required and must be shown on			
Regulated Project: Tr	act#	_ or Parcel Map#			
<ul> <li>The project is part of a requirements with a se</li> </ul>	larger development (Regula	ated) project and must comply with all stormwater design Complete the C3 Stormwater Requirements Checklist			
Acknowledgment					
Lam the project Owner/Te	nant \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Contractor Other (Please Specify)			
1 3 —	_	ater provisions and I will take one copy of this form to the			
property owner, designer, and		ater provisions and I will take one copy of this form to the			
onature	Date:	Print Name			
anature	Datc.	Print Name:			
R OFFICIAL USE ONLY					
nning Staff Verification		Project APN#:			
necked the plan and, to the bes	t of my knowledge, this proj	ject is a: Exempt Small Regulated project.			
gnature	Date:	Print Name:			
ilding Staff Enter BLD#					