

City of Needles Land Use Application

Application Type	Date Submitted	Date Accepted	Application Type	Date Submitted	Date Accepted
<input type="checkbox"/> Concept plan			<input type="checkbox"/> Permitted Use		
<input type="checkbox"/> Tentative Tract Map			<input type="checkbox"/> Special Use		
<input type="checkbox"/> Final Tract Map			<input type="checkbox"/> Conditional Use		
<input type="checkbox"/> Tentative Parcel Map			<input type="checkbox"/> Zone Change		
<input type="checkbox"/> Final Parcel Map			<input type="checkbox"/> Variance		
<input type="checkbox"/> PUD			<input type="checkbox"/> General Plan Amendment		
<input type="checkbox"/> Map Extension			<input type="checkbox"/> Sign		
<input type="checkbox"/> Abandonment			<input type="checkbox"/> Lot Merge/Adjustment		

Name of Project: _____	Project Engineer: _____
Assessors Map No: _____	Address: _____
Current Use: _____	_____
Current Zoning: _____	_____
Proposed Zoning: _____	E-mail: _____
Total Acres: _____	Fax: _____
Applicant: _____	Fee Title Owner: _____
Applicant Address: _____	Address: _____
_____	_____
_____	_____
Telephone: _____	Telephone: _____

Proposed Use: (Be specific about the gross acreage, type of subdivision/condominium, number of lots / units, acreage of public and / or H.O.A. amenities.)

It is the policy of the City of Needles that land use development fees should be calculated on the basis of actual costs for review. The consolidated fee schedule sets forth the minimum costs associated with professional review of land use development proposals. All land use development projects shall be subject to these minimum fees. Each developer or applicant shall be responsible to reimburse the City of Needles for all charges above the base fees that are incurred by the City of Needles in the review and processing of any development application and in reviewing utility and other infrastructure requirements for the development covered by the application. By signing this application you agree to reimburse the City of Needles as noted above.

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Applicant Affidavit

I _____, do hereby say that I am the owner/agent of the subject property of this application. The statements, information, exhibits, and any and all plans herein or attached or submitted present the intentions of the applicant and are in all respects true and correct to the best of my knowledge and belief. I do hereby agree to pay all adopted and customary fees of the City of Needles relating to this application.

Signed: _____

Date: _____

PLEASE NOTE: Developer/applicants must remain in good standing with all amounts due and payable to the City as such amounts become due, including fees owed to San Bernardino County Fire Dept. for project review/inspections. Developers or master developers, who are delinquent in payment of reimbursable fees and charges to the City, or other charges to the City, are deemed to be in default. In such cases, the processing of all applications, including building permits, before the City staff, Planning Commission, or City Council shall be tabled until the developer/applicant's default is cured by the payment of all fees and charges. Projects sold to other individuals, that are deemed to be in default, will be the responsibility of the new owner to cure the debt before further processing will occur.

City staff are specifically instructed to verify that each master developer or developer/applicant is in good standing with respect to all fees and charges owed to the City before presenting applications to the Planning Commission agenda or to the City Council agenda, and, specifically prior to recordation of plats or final signing and approval of site-plans, building permits, or other development approval applications. Outstanding debt against any land use project will be the responsibility of the project's owner to cure the debt prior to.

◆ ----- For City Use Below ----- ◆

Staff Assigned: _____	P.C. Meeting Date: _____
Copies Distributed: _____	Staff Report: _____
Redline Meeting Date: _____	Comments: _____
Plat Returned to Developer: _____	_____
Corrected Plat Received: _____	_____