



# City of San Joaquin

Community Development Department  
 21900 Colorado Avenue  
 San Joaquin, CA 93660  
 (559) 693-4311  
<http://www.cityofsanjoaquin.org>

**APPLICATION FORM #:** \_\_\_\_\_

**Check all that apply:**

<input type="checkbox"/> Plan Amendment	<input type="checkbox"/> Tentative Subdivision Map	<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> CUP Amendment
<input type="checkbox"/> Rezone	<input type="checkbox"/> Tentative Parcel Map	<input type="checkbox"/> Site Plan Review	<input type="checkbox"/> SPR Amendment
<input type="checkbox"/> Text Amendment	<input type="checkbox"/> Lot Line Adjustment	<input type="checkbox"/> Administrative Review	<input type="checkbox"/> Minor Deviation
<input type="checkbox"/> Annexation	<input type="checkbox"/> Voluntary Merger	<input type="checkbox"/> Variance	<input type="checkbox"/>

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_ APN: \_\_\_\_\_

Project Description (attach additional pages if necessary):  
 \_\_\_\_\_  
 \_\_\_\_\_

Zoning Designation: \_\_\_\_\_ General Plan Designation: \_\_\_\_\_

List all previously approved and/or pending entitlements associated with this project/site (provide application number(s)). \_\_\_\_\_

**Please read carefully before signing or filing.**

Submission of this application does not imply approval of this permit by the City of San Joaquin. Application approval will become null and void if it is determined that approval was based on omissions or inaccurate information submitted by the applicant. Application approval is based upon the City of San Joaquin Municipal Code, Title XV, Land Use and Zoning.

**Primary Contact, check all that apply:**  Applicant  Owner  Agent/Representative

Applicant \_\_\_\_\_

Applicant Address \_\_\_\_\_

Day Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Property Owner \_\_\_\_\_

Property Owner Address \_\_\_\_\_

Day Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Agent/Representative \_\_\_\_\_

Agent/Representative Address \_\_\_\_\_

Day Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

I hereby declare under penalty of perjury that this application and all information submitted as part of this application are true and accurate to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



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### **Operational Statement Template**

Our goal is to facilitate an accurate and complete description of your project in order to avoid unnecessary delays in gathering additional information. This is your opportunity to communicate in detail the important characteristics of your project/property that should be considered when your project is reviewed for completeness. Please use this template as a guide to explaining the scope of your project.

This template will assist you, various City departments and outside agencies, in their review, crafting of comments and conditions. If you have any questions about the requested information or need help completing any portions of this form please call San Joaquin City Hall at (559) 693-4311. This form must be completed and submitted in order to process your application. If this operational statement is not submitted or incomplete, your application will not be accepted for processing.

1. Project Description: \_\_\_\_\_ application is being submitted by \_\_\_\_\_  
on behalf of \_\_\_\_\_ and pertains to \_\_\_\_\_ acres of property located at \_\_\_\_\_.

2. Operational Narrative: (Describe your proposed operation/development in detail, including information such as name of business, product or service, anticipated traffic and deliveries, special events, required equipment, on-site storage, demolition or adaptive reuse of existing structures, etc.).

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3. List the hours of operation: \_\_\_\_\_ Number of Days per Week: \_\_\_\_\_  
If Seasonal, list the months of operation: \_\_\_\_\_

4. Number of Customers or Visitors per day: \_\_\_\_\_ Maximum per Day: \_\_\_\_\_  
During what hours will customers visit your property? \_\_\_\_\_

5. Number of current employees: \_\_\_\_\_ Future employees: \_\_\_\_\_  
Will any live on site? YES / NO

6. Will the operation or equipment used generate noise above existing levels in the area? YES / NO  
If yes, explain \_\_\_\_\_

7. Will hazardous materials or waste be produced as part of this business? YES / NO  
If yes, explain \_\_\_\_\_

8. Which building(s) or what portion of the building(s) will be used in your operation? \_\_\_\_\_

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Applicant's Signature

Date



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## Owner Authorization

### OWNER:

I, \_\_\_\_\_, declare as follows:  
(Owner's Name)

I am the owner of certain real property bearing assessor's parcel number(s) (APNs):

\_\_\_\_\_  
\_\_\_\_\_

### AGENT:

I designate \_\_\_\_\_, to act as my duly authorized  
(Agent's Name)

agent for all purposes necessary to (list permit type):

\_\_\_\_\_  
\_\_\_\_\_

relative to the property mentioned herein.

### DECLARATION:

I declare under penalty of perjury the foregoing is true and correct.

Executed on this date, \_\_\_\_\_.

**OWNER**

**AGENT**

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Signature of Agent)

\_\_\_\_\_  
(Owner Mailing Address)

\_\_\_\_\_  
(Agent Mailing Address)

\_\_\_\_\_  
(Owner Telephone)

\_\_\_\_\_  
(Agent Telephone)

(Note: Attach acknowledgment of signatures(s) by Notary Public if executed outside State of California)

### APPROVED:

CITY OF SAN JOAQUIN

By: \_\_\_\_\_

Date: \_\_\_\_\_