

Supplemental Application: Master Natural Gas Permit

CITY OF RIO VISTA COMMUNITY DEVELOPMENT DEPARTMENT

NOTE: This form to be submitted with the Uniform Planning Application Form.

Please refer to Municipal Code Section 13.12 and Section 17.64.

Project Name (if applicable): _____

Assessor's Parcel No:

Property Address/Location: _____

Existing General Plan/Zoning: (as stated in Rio Vista General Plan and Zoning Ordinance. Please contact staff if you are unsure of the correct designations)

Gross Acres: _____

Hours of Operation:

Narrative description of each proposed natural gas development: (Please be as detailed as possible. Submit separate attachment if necessary. See below for items to be included.): _____

Contact Information

	Property Owner:		Applicant:
Name:		Name:	
Contact:		Contact:	
Address:		Address:	
City, Zip:		City, Zip:	
Phone:		Phone:	
Fax:		Fax:	
E-mail		E-mail	

	Designated Contact:*		
Name:		*Note: The name and address of applicant's	
Contact:		designated agent for service of notices, orders and process in the state of California.	
Address:		Permittee has the continuing obligation to	
City, Zip:		notify the CDD promptly of any change in this information.	
Phone:			
Fax:			
E-mail			
Property	Owner Signature	Date	
(If multiple o	owners, <u>all must sign</u>)		

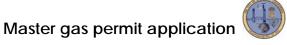
Authorization and indemnification

As applicant for the proposed project, I have the legal right to make this application and to conduct the activities to be covered hereby. In addition, I agree to hold the city and its officers and employees harmless from any damages or losses arising out of or resulting from the proposed operation under this natural gas permit; provided that nothing herein shall be deemed to protect the city, its officers and employees from the liability or consequences arising out of their own active negligence or willful misconduct.

Printed Name and title of applicant

Signature of Applicant

Date



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