ENGINEERING APPLICATION



Community Development Department 39550 Liberty St, P.O. Box 5006 Fremont, CA 94537-5006

510-494-4700 for information

For Finance Staff use only					
Total Deposit and/or Fee: \$					

PLEASE PRINT CLEARLY AND FILL IN ALL APPLICABLE SECTIONS									
	MFORMATION								
PROJECT INFORMATION PROJECT NAME:									
PROJECT IVAIVE									
VACANT SITE?		APN:							
PROJECT DESCRIPTION:		APN							
PROJECT DESCRIPTION.									
ESTIMATED START / FINISH DATES:/to									
APPLICANT: Person requesting the filing of this application	МА	NN CONTACT: Contact person o	 other than applicant						
NAME:	NAME:								
COMPANY:	COMPANY:								
ADDRESS:	ADDRESS:								
CITY / STATE / ZIP:	CITY / STATE / ZIP:								
PHONE: (FAX: ()	PHONE: (
EMAIL:	EMAIL:								
BUSINESS TAX LICENSE:	BUSINESS TAX LICENSE:								
BUSINESS TAX LICENSE EXPIRATION DATE:/	BUSINESS TAX LICENSE EXPIRATION DATE:/								
PROPERTY OWNER AUTHORIZATION	CHOOSE ONE:								
NAME:	□ I am the sole owner	r and hereby authorize the filing of	thisapplication						
COMPANY:	– I own the project site jointly with one or more persons and am empowered to								
ADDRESS:	authoriza the filing of this application on hehalf of my follow property owners, or								
CITY / STATE / ZIP:	t site in conjunction with one or mo	are persons who are listed with							
PHONE: (FAX: () -	□ the acknowledgem	ent and authorization for the filing	of this application attached						
for additional property owner authorization / acknowledgements. EMAIL:									
OWNER SIGNATURE:									
SUBDIVISIONS: SIZE OF DEVELOPMENT AND NUMBER OF I	LOTS	GRA	DING						
a) Total Land Area of Project Site: c) Proposed Subdivisions?	□ YES □ NO								
acres		Site Cut:	Cubic Yards						
Total # of proposed lots:		Site Fill:	Cubic Yards						
b) Current number of lots: Total # of units:		Import:	Cubic Yards						
lots Total SFR lots:		Export:	Cubic Yards						
Total # of Townhouse lots:									
Tentative Map Approval Date: Total # of Common lots:		Preliminary Grading Plan Approval Date:							
Total # of Condo lots:		/							
PLN #		PLN #							

PERMIT NUMBER:									
BILLING AUTHORIZATION: Person respons	ible for p	ayment of project charges							
I agree that the application fee submitted with this application is a deposit only. If the application is modified, an additional deposit or deposits may be required. The actual charges for the application(s) and any subsequent modifications will be based on staff time required to process the application, including modifications and appeals. Progress billings will be made during the review of the project if changes exceed the deposit. Prompt payments of progress billings will assure continued staff review of the project. I also agree that the denial of the project does not relieve me of the payment of charges for the processing of the application. I acknowledge I will be issued a refund at the completion of the project review if excess funds have been paid. I further agree to pay all fees charged for the processing of this application and any subsequent modification based on the current fee schedule, which is in effect at the time the work is performed. Additionally, I authorize the City of offset any shortage in any other accounts I might have with the City with excess funds from this account.			ADDRESS: CITY/STATE/ZIP: PHONE: () - FAX: () - EMAIL:						
The City reserves the right to offset any short	er accounts.								
INDEMNIFICATION: Permittee shall indemnify, hold harmless, and defend the City (including its elected officials, officers, agents, and employees) from and against any and all claims (including all litigation, demands, damages, liabilities, costs, and expenses, and including court costs and attorney's fees) resulting or arising from performance, or failure to perform, under this application (except only for those claims arising from the City's sole negligence, willful misconduct, or active negligence, as defined by Californai Civil Code section 2782). This Permit shall inure to the benefit of and be binding upon the Permittee and the Permittee's respective successors and assigns. This Permit shall not be assigned or transferred without the written consent of the City in accordance with Fremont Municipal Code Title 12, Chapter 12.05. FOR ENCROACHMENT PERMIT APPLICANTS: Approval of this permit is subject to all of the provisions of the Encroachment Ordinance, applicable special provisions, and conditions as noted on the encroachment permit form.									
APPLICANT SIGNATURE:			DAT	ГЕ:	<i></i>				
Attach billing information for special mailing if other than U.S. Postal Service requested.									
		SECTION BELOW IS I	FOR STAFF USE ONLY						
ENCROACHMENT PERMITS			ADM						
□ Curb & Gutter	-		☐ Geotechnical Studies	-					
□ Sidewalk			□ Peer Review Deposit	\$					
□ Driveway									
□ Paving			TRACT OR PARCEL MAP CHECK						
□ Underground Utility Exception	-		□ Parcel Map & Improvement Plans	\$	5,000				
 Miscellaneous Structures 	\$		□ Final Tract Map & Improvement Plans	\$	15,000				
□ Storage of Materials in Right-of-Way	\$		 Amended Map or Cert. of Correction 	\$	200				
□ Excavations ≤ 20 Sq Ft	\$	625	□ Construction Inspection	\$					
□ Excavations > 20 Sq Ft	\$	1,250							
□ Traffic Control Review Application	\$	400	GRADING						
□ Traffic Control Inspection	\$	290	□ Plan Check - Non-Subdivision	\$	600				
 Dumpster (Republic Services ONLY) 	\$	439	□ Grading Permit Fee - Non-Subdivision						
□ Well Installation & Abandonment	\$	960	□ 1 - 1,000 Cubic Yards						
 Access over Public Right-of-Way 	\$	290	□ 1,001 or more Cubic Yards						
□ Application Fee	\$	400	□ Supervised Grading	\$					
			FLAT FEE SUBTOTAL	\$					
OTHER (Please specify)	4		TOTAL DEPOSITS AND (CO						
-	_ \$ <u></u>		TOTAL DEPOSITS AND/ORFLAT FEES	\$					

APPLICATION TYPE: Residential_

Commercial_

Industrial_

RECEIVED DATE:

BY: