



Town of Ross

Planning Department

Post Office Box 320, Ross, CA 94957

Phone (415) 453-1453, option 5 Fax (415) 453-1950

Web www.townofross.org Email ccahill@townofross.org

SUBDIVISION APPLICATION

See Town of Ross Planning Fee Schedule for Applicable Fees

Legal Owner of Parcel _____

Mailing Address _____

City _____ *State* _____ *ZIP* _____

Home Phone _____ *Business Phone* _____

Fax _____ *Email* _____

Assessor's Parcel Number _____

Parcel Address _____

Applicant (If not owner) _____

Mailing Address _____

City _____ *State* _____ *ZIP* _____

Home Phone _____ *Business Phone* _____

Fax _____ *Email* _____

Existing and Proposed Conditions

Total Area of Property _____ sq. ft.

Area of Each Proposed Lot after Subdivision:

1. _____ sq. ft. 2. _____ sq. ft. 3. _____ sq. ft.

4. _____ sq. ft. 5. _____ sq. ft. 6. _____ sq. ft.

Smallest Street Frontage _____

Smallest Average Width _____

Consultant Information

The following information is required for all project consultants.

Architect

Firm _____
Project Architect _____
Mailing Address _____
City _____ *State* _____ *ZIP* _____
Phone _____ *Fax* _____
Email _____
Town of Ross Business License No. _____ *Expiration Date* _____

Civil Engineer

Firm _____
Project Engineer _____
Mailing Address _____
City _____ *State* _____ *ZIP* _____
Phone _____ *Fax* _____
Email _____
Town of Ross Business License No. _____ *Expiration Date* _____

Geotechnical Engineer

Firm _____
Project Arborist _____
Mailing Address _____
City _____ *State* _____ *ZIP* _____
Phone _____ *Fax* _____
Email _____
Town of Ross Business License No. _____ *Expiration Date* _____

Arborist

Consultant _____
Mailing Address _____
City _____ *State* _____ *ZIP* _____
Phone _____ *Fax* _____
Email _____
Town of Ross Business License No. _____ *Expiration Date* _____

Other

Consultant _____
Mailing Address _____
City _____ *State* _____ *ZIP* _____
Phone _____ *Fax* _____
Email _____
Town of Ross Business License No. _____ *Expiration Date* _____

Applicant will be billed for any additional Town consultants' time required in excess of base fee amounts. A completed application accompanied by the filing fee is necessary for consideration of the subdivision application.

Owner's Signature

I HEREBY CERTIFY under penalty of perjury that I have made every reasonable effort to ascertain the accuracy of the data contained in the statements, maps, drawings, plans, and specifications submitted with this application and that said information is true and correct to the best of my knowledge and belief. I further consent to any permit issued in reliance thereon being declared by the Town Council to be null and void in the event that anything contained therein is found to be erroneous because of an intentional or negligent misstatement of fact.

I further certify that I have read the Town of Ross Municipal Code, Title 17, Subdivisions, and understand the subdivision processing procedures and application submittal requirements.

I further certify that I have read the Town of Ross fee schedule for the processing of subdivision applications and agree to the payment of fees as prescribed therein.

Signature of Owner

Date

Signature of Co-Owner (If Applicable)

Date

Town Email List

If you would like to receive copies of upcoming Town Council agendas and other items of interest to Ross residents please give us your email address below.

Email(s) _____

Alternate Format Information

The Town of Ross provides written materials in an alternate format as an accommodation to individuals with disabilities that adversely affect their ability to utilize standard print materials. To request written materials in an alternate format please contact the Ross Town Clerk at (415) 453-1453, extension 105.