



City of Calexico
Public Works Department
Engineering Division
 549 Pierce Ave
 Calexico, CA 92231
 Tel: 760.768.2160
 Fax: 760.768.0992
engineering@calexico.ca.gov

REQUEST & REVIEW APPLICATION FORM

APPLICANT:

Name: _____
 Company: _____
 Address: _____
 City/State/Zip: _____
 Telephone: (_____) _____
 Fax Number: (_____) _____
 E-Mail: _____

PROPERTY OWNER:

Name: _____
 Company: _____
 Address: _____
 City/State/Zip: _____
 Telephone: (_____) _____
 Fax Number: (_____) _____
 E-Mail: _____

CIVIL ENGINEERING COMPANY:

Name: _____
 Company: _____
 Address: _____
 City/State/Zip: _____
 Telephone: (_____) _____
 Fax Number: (_____) _____
 E-Mail: _____
 State Registration Number: _____

SOILS ENGINEERING COMPANY:

Name: _____
 Company: _____
 Address: _____
 City/State/Zip: _____
 Telephone: (_____) _____
 Fax Number: (_____) _____
 E-Mail: _____
 State Registration Number: _____

Please check this box if you are willing to receive staff reports via email. If this box is not checked, staff reports will not be sent via US Mail.

Please check all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Annexation Map | <input type="checkbox"/> Final Map | <input type="checkbox"/> Lot Merger |
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Parcel map | <input type="checkbox"/> Street/Alley (ROW) Vacation |
| <input type="checkbox"/> Improvement & Grading Plan | <input type="checkbox"/> Record of Survey | <input type="checkbox"/> Reversion to Acreage Map |
| <input type="checkbox"/> Inspection – Improvement & Grading Plans | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Other |

DEPOSIT FEE FOR DOCUMENT REVIEW
\$10,000.00

PROJECT TITLE: _____

GENERAL LOCATION OF PROJECT / ADDRESS: _____

ASSESSOR'S PARCEL NUMBER: _____ **LOT No.(S):** _____

BLOCK(S): _____ **SUBDIVISION:** _____

PROJECT INFORMATION:

Zoning: _____ General Plan Designation: _____
 Acreage/Linear Miles: _____ Number of Buildings/Units if Applicable: _____

PROJECT DESCRIPTION (Attach a separate sheet if needed): _____

AFFIDAVIT: *I hereby certify that the information furnished above is accurate, true, and correct to the best of my knowledge or belief.*

Applicant's Signature: _____ Date: _____

Type / Print Name: _____

Property Owner's Signature: _____ Date: _____

Type / Print Name: _____

*** By signing the above, owner consents to the processing of the above request by the applicant. A letter of authorization from the owner may be submitted in lieu of the property owner's signature.*

***** For fees see Development Services Department Fee/Deposit Schedule Adopted by City Council Ordinance No. 1102, September 22, 2009*****

FOR OFFICE USE ONLY

Received By: _____ Date: _____

CRA Number: _____ Project Planner: _____

Uniform Application No.: _____ Development Review No.: _____