



CITY OF NORCO

LARGE FAMILY DAY CARE APPLICATION

File No: _____
Related Files: _____
Date Filed: _____
Fees Paid: _____

GENERAL INFORMATION:

Project Location:	
Property Owner:	Applicant:
Address:	Address:
Telephone:	Telephone:
Fax: _____ E-mail: _____	Fax: _____ E-mail: _____
General Plan:	Site Acreage:
Zoning:	Assessor's Parcel Number:
Description of Request:	

REQUIRED SUBMITTALS:

<input type="checkbox"/> Application	<input type="checkbox"/> Three sets of typed, gummed labels listing the names, addresses, and Assessor's Parcel Number of all property owners within 100 feet of the exterior boundaries of the subject property (the list shall be obtained from the latest equalized assessment rolls issued by the County Assessor's Office). Please include applicant, property owner, and anyone else needing to be noticed.
<input type="checkbox"/> Required Fees: \$1,300; Categorical Exemption – \$83; County Environmental Filing Fee – \$50	<input type="checkbox"/> Radius map drawn on Assessor's Parcel Maps indicating all property within a 100-foot radius around the subject property.
<input type="checkbox"/> Site Plan of Property	<input type="checkbox"/> Completed Letter of Certification (certifies mailing labels were prepared correctly). See attached.

APPLICATION CERTIFICATION:

I hereby declare that as applicant for this proposal, I have familiarized myself with the relevant provisions of the Norco Municipal Code; and I have read the foregoing application and know the contents of the application to be true to the best of my knowledge (if applicant is not same as property owner, owner shall authorize applicant to represent his/her interest in the above referenced application by signing below).

Owner:	Applicant:
Date:	Date:

OFFICE USE ONLY:

Approved By:	Date:
Comments:	



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PROPERTY OWNER LIST LETTER OF CERTIFICATION

I, _____, certify that on _____, the attached property owners list was prepared and that said list contains the names and addresses of all persons to whom property is assessed, as found on the latest equalized Riverside County Assessment Roll, for a distance of 100 feet from the exterior boundaries of the property indicated below:

Address (if available):

Assessor's Parcel Number(s):

I further certify that said list is true and correct to the best of my knowledge. I understand that incorrect or erroneous information may be grounds for rejection of the subject application.

Signature:

Date:

Name:

Title Company :

Address:

Phone Number:



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SAMPLE MAILING LABELS

MAILING LABELS SHALL BE PREPARED AS FOLLOWS:

1. Mailing labels shall be placed on 8-1/2" x 11" sheets with 33 self-adhesive labels per sheet (three columns with 11 labels per column).
2. Three sets of mailing labels are required.
3. Each label shall include the assessor parcel number, owner name and address for each parcel within 100 feet of the subject property as shown on the latest equalized assessment roll of the Riverside County Assessor. In addition, mailing labels shall be provided for the owner of the subject property, the applicant and for the engineer and architect for the project.

SAMPLE LABELS:

129-230-002 Mr. and Mrs. Smith 1234 Republican Ave. Santa Barbara, CA 92860
129-230-003 George Williams 123 Fourth St. Norco, CA 92860
129-241-023 Mr. and Mrs. Johnson 123 Fourth St. Norco, CA 92860

SAMPLE SHEET WITH 33 LABELS:

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