

City of Sutter Creek

18 Main Street
Sutter Creek, CA 95685
209-267-5647
www.citysuttercreek.org

SUBMISSION REQUIREMENTS

- 1-Entitlement Application*
- 2-Map*
- 3-Fees (refer to current fee schedule)
- *All documentation must be submitted via the application portal on the City

ENTITLEMENT APPLICATION

Project Location (address or vicinity): 381, 383 & 385 Sutter Hill Rd
Assessor's Parcel Number(s) (APN): 180-314-026

Applicant Information

Applicant Name: Brett & Courtney BRUSATORI
Address: Po Box 1131 Phone: 209.304.7262
Sutter Creek City: Email: BRUSATORILandSurveying@gmail.com
State: CA Zip Code: 95685

Entitlements Requested:

- | | |
|--|--|
| <input type="checkbox"/> Adjustment (ADJ) _____ | <input type="checkbox"/> Oak Tree Permit (OTP) _____ |
| <input type="checkbox"/> Administrative Permit (AP) _____ | <input type="checkbox"/> Sign Review (SR) _____ |
| <input type="checkbox"/> Architectural Design Review (ADR) _____ | <input type="checkbox"/> Temporary Use Permit (TUP) _____ |
| <input type="checkbox"/> Conditional Use Permit (CUP) _____ | <input type="checkbox"/> Tentative Tract Map (No. _____) |
| <input type="checkbox"/> Development Review (DR) _____ | <input checked="" type="checkbox"/> Tentative Parcel Map (No. _____) |
| <input type="checkbox"/> Hillside Development Review (HDR) _____ | <input type="checkbox"/> Variance (VAR) _____ |
| <input type="checkbox"/> Landscape Plan Review (LPR) _____ | <input type="checkbox"/> Zone Change (ZC) _____ |
| <input type="checkbox"/> Minor Use Permit (MUP) _____ | <input type="checkbox"/> Other _____ |

Primary Point of Contact/Consultant: Brett Brosatori

Address: _____

City: _____
State: _____ Zip Code: _____

Phone: 209. 304. 7262
Email: BrosatoriLandSurveying@gmail.com

Property Owner: * Same *

Address: _____

City: _____
State: _____ Zip Code: _____

Phone: _____
Email: _____

Engineer: _____

Address: _____

City: _____
State: _____ Zip Code: _____

Phone: _____
Email: _____

Architect: _____

Address: _____

City: _____
State: _____ Zip Code: _____

Phone: _____ Email: _____

JUSTIFICATION STATEMENT / PROJECT DESCRIPTION

Project Name: 381 Sutter Hill Rd Lot Split

State what the project is and why the application(s) should be approved based on the required findings (if any).

Attach additional pages and exhibits if necessary.

This project splits the existing lot, 46,000 sq ft,
into two lots. Zoning remains at R-3. Each
building, house & duplex, have their own electric, gas &
water hook ups. See tentative map for more info

Signature of Applicant

PROPERTY OWNER(S) STATEMENT

STATE OF CALIFORNIA
COUNTY OF AMADOR CITY
OF SUTTER CREEK

I/We, Brett & Courtney Brusator, declare that I/we am/are the owner(s) of the property described herein and hereby give authorization for the filing of this application. Further, I/we do, by my/our signature(s) on this agreement, absolve the City of Sutter Creek of all liabilities regarding any deed restrictions that may be applicable to the property described herein. (Signature of all property owners is required. The owner in escrow is not acceptable.)

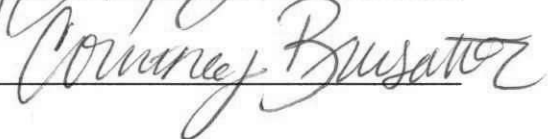
I/We declare that all encumbrances on the subject property are shown on the submitted site plan (or are attached on a separate sheet) and that the purpose of all encumbrances (and ownership of all easements) is stated. In the case of a tentative map, I/we further declare that the property involved in this application is free from all encumbrances that would conflict with the project application, particularly dedications of the right to further subdivide to the County of Amador or City of Sutter Creek.

I/We understand that, in the event that the City incurs greater expense in processing the application(s) than is covered by the standard processing fee(s), that I/we will be responsible for payment of such fees and that permits will not be issued and/or occupancy will not be granted until all fees have been paid in full.

I/We hereby grant the City admittance to the subject property as necessary for processing of the project application.

I/We declare under penalty of perjury that the foregoing statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my knowledge and belief.

Signed 

Signed 

Signed _____

ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of _____)

On _____ Date _____, before me, _____ Notary Public _____ personally appeared

_____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the forgoing paragraph is true and correct.

WITNESS MY HAND AND OFFICIAL SEAL

Signature of Notary Public

(Seal)

FINANCIAL INTEREST DISCLOSURE

In order for the approving authority to adequately assess the potential for conflict of interest in rendering decisions on land use matters, the following information is required. Should the applicant(s) in the requested action be or include a partnership, the name of the corporation and of all officers of said corporation shall be printed below. If there are any other business or joint venture parties, property owners, or individuals which have a financial interest in this action not otherwise covered as a partnership or corporation, then their names shall be printed below.

Partnership:

Corporation:

Name of Partnership

Name of Corporation

Names of Partners

President

Vice President

Secretary

Other

Property Owners:

Other:

I hereby certify that the foregoing information is accurate and complete to the best of my knowledge and belief.

Signature of Applicant

Name (Please Print)

Date