



SAN PASQUAL BAND OF MISSION INDIANS

NEW RESIDENT APPLICATION

Property Information

Site Address: _____

Lot # _____

Nearest intersection: _____

Section: _____ Township: _____ Range: _____

Current Use: _____ Vacant _____ Residential _____ Commercial _____ Industrial _____

Other use: _____

Assignee Information

Assignee Holder(s): _____

Primary Phone # _____ Secondary Phone # _____

E-mail address: _____

Mailing address: _____

Applicant Information

Applicant(s): _____

Primary Phone # _____ Secondary Phone # _____

E-mail address: _____

Mailing address: _____

Relation to assignee holder: _____

☐ Cooperative Agreement

Proposed Activity

☐ New single-family residence (framed) ☐ Remodel/Repair/Addition to single family home

☐ New accessory structure (ex. shed, garage) ☐ Remodel/Repair/Addition to existing building

☐ HUD 184 ☐ New/Pre-owned Modular/Mobile Home

☐ Commercial ☐ Multi-Family

☐ Other activity: _____



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Proposed Activity Description

Square feet of new construction: _____

New Single-Family Residence # of Bedrooms: _____

New Single-Family Residence # of Bathrooms: _____

New/Pre-owned Modular/Mobile Home:	Single-Wide	Double-Wide	Triple-Wide
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Manufacture Date: _____

Model No.: _____

Serial No.: _____

Number of Bedrooms: _____

Number of Bathrooms: _____

☐ Commercial Structure

What services are currently available at the site?

Water ☐ Individual Well ☐ Septic System ☐ Power ☐ Access ☐

Distance to nearest fire hydrant: _____ ft.

Does the site require a new address? Yes ☐ No ☐

Fire Protection currently in modular home:

Smoke Alarms ☐ Fire Sprinkler System ☐ Carbon Monoxide Alarm ☐

THIS SECTION RESERVED FOR STAFF



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I hereby certify that I have prepared this application and site plan and that, to the best of my knowledge, the information provided is complete, accurate, and a true representation of the proposed development, I further attest that I have the authority to submit this application and agree to comply with any and all conditions of development approval as set forth in the New Resident Policy and Guide. I agree to provide any additional information required and understand that if the scope of the project is modified, a new application may be required.

Applicant's Signature

Date

We hereby certify that all requirements of the New Resident Application and New Resident Policy and Guide have been met. The project as stated and described is hereby approved and may begin.

Planning Department Director

Date

Land Assignment Committee Chair

Date