



Supplemental Application Ministerial Natural Gas Permit

**CITY OF RIO VISTA
COMMUNITY DEVELOPMENT DEPARTMENT**

NOTE: This form to be submitted with the Uniform Planning Application Form.

Please refer to Municipal Code Section 13.12 and Section 17.64.

Project Name (if applicable): _____

Assessor's Parcel No: _____

Property Address/Location: _____

Existing General Plan/Zoning: (as stated in Rio Vista General Plan and Zoning Ordinance. Please contact staff if you are unsure of the correct designations) _____

Gross Acres: _____

Hours of Operation: _____

Narrative description of proposed natural gas development: (Please be as detailed as possible. Submit separate attachment if necessary. See below for items to be included.): _____

Contact Information

Property Owner:

Name: _____
Contact: _____
Address: _____
City, Zip: _____
Phone: _____
Fax: _____
E-mail: _____

Applicant:

Name: _____
Contact: _____
Address: _____
City, Zip: _____
Phone: _____
Fax: _____
E-mail: _____

Applicant Signature _____ Date _____

Property Owner Signature _____ Date _____

(if multiple owners, all must sign) _____