

**CONDITION APPROVAL FORM
 APPROVAL OF OTHER AGENCIES / DEPARTMENTS**

DATE _____ P-Z-COC# _____
 CONSULTANT / OWNER _____ PHONE _____
 PROJECT NAME _____
 CITY CONTACT _____

THE INSTRUCTIONS LISTED BELOW MUST BE FOLLOWED IN ORDER FOR THIS FORM TO BE VALID.

1. This form must be filled out **completely by a surveyor or developer.**
2. A copy of all pages of **approved resolution, notice of decision, or zoning administrator's** approval (conditions of approval) must be attached to this form.
3. After signatures are obtained, return this form with the attached resolution, notice of decision, or zoning administrator's approval and any other required documents to: **City of Sacramento
 Department of Public Works
 Map Review Section
 300 Richards Blvd., 3rd Floor
 Sacramento, CA 95811**

SATISFACTION OF CONDITIONS

Condition # _____ Agency / Department: _____
 Approved By: _____
 By: _____
 Date: _____
 Comments: _____

Condition # _____ Agency / Department: _____
 Approved By: _____
 Date: _____
 Comments: _____

Condition # _____ Agency / Department: _____
 Approved By: _____
 Date: _____
 Comments: _____