

CITY OF LOS ALTOS **GENERAL APPLICATION**

Permit # Type of Review Requested: (Check all boxes that apply)

Sidewalk Display Permit

Tenant Improvement

Multiple-Family Review

General Plan/Code Amendment

Rezoning

R1-S Overlay

Sign Review

Use Permit

One-Story Design Review

Two-Story Design Review

Lot Line Adjustment

Variance(s)

Tentative Map/Division of I	and	T 11 1 T				
Tentative Map/Division of 1	Janu	Preliminary P	roject Review	Appeal		
Subdivision Map Review		Commercial D	Design Review	Other:		
Project Proposal/Use:						
Current Use of Property:						
Assessor Parcel Number(s)	Site Area:			Area:		
New Sq. Ft.:				ing Sq. Ft. to Remain:		
Total Existing Sq. Ft.:	Total Proposed Sq. Ft. (including basement):					
Applicant's Name:						
	Business Telephone #:					
Mailing Address:						
C' C T'						
Proporty Oyynov's Nomes						
Property Owner's Name:						
Home Telephone #:	Business Telephone #:					
Mailing Address:						
City/State/Zip Code:						

* * * If your project includes complete or partial demolition of an existing residence or commercial building, a demolition permit must be issued and finaled prior to obtaining your building permit. Please contact the Building Division for a demolition package. * * *

Architect/Designer's Name: ______ Telephone #: _____

(continued on back)

recorded conditions of the subdivision in which it is local	Conditions, Covenants, and Restrictions (CC&R's), or any other ated? Examples are restrictions that limit development to one-equired by City Codes. You are responsible for researching your
title insurance report to find the CC&R's for your proper the information from a title insurance company or the Co	rty. If you do not have a copy of the title report, you may obtain ounty Recorder's Office. \square Yes \square No \square N/A
If No, please explain below in what way your project do variations.	pes not comply with the restrictions and why you propose such
I certify that the above information is true and correct.	
Date:	
Property Owner/Applicant or Authorized Agent Signature	re:
(If signing as an authorized agent, please submit eviden	nce of written authorization)
For City Staff Use Only:	
Received by:	Date:
Fire Department Review Required? YES / NO	If YES, Date Notified:
Is the submittal package <u>complete</u> ? YES / NO	
If NO, what items still need to be submitted?	