



**CITY OF LOS ALTOS  
GENERAL APPLICATION**

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

Permit # \_\_\_\_\_

<input type="checkbox"/>	One-Story Design Review	<input type="checkbox"/>	Commercial/Multi-Family	<input type="checkbox"/>	Environmental Review
<input type="checkbox"/>	Two-Story Design Review	<input type="checkbox"/>	Sign Permit	<input type="checkbox"/>	Rezoning
<input type="checkbox"/>	Variance	<input type="checkbox"/>	Use Permit	<input type="checkbox"/>	R1-S Overlay
<input type="checkbox"/>	Lot Line Adjustment	<input type="checkbox"/>	Tenant Improvement	<input type="checkbox"/>	General Plan/Code Amendment
<input type="checkbox"/>	Tentative Map/Division of Land	<input type="checkbox"/>	Sidewalk Display Permit	<input type="checkbox"/>	Appeal
<input type="checkbox"/>	Historical Review	<input type="checkbox"/>	Preliminary Project Review	<input type="checkbox"/>	Other:

Project Address/Location: \_\_\_\_\_

Project Proposal/Use: \_\_\_\_\_ Current Use of Property: \_\_\_\_\_

Assessor Parcel Number(s): \_\_\_\_\_ Site Area: \_\_\_\_\_

New Sq. Ft.: \_\_\_\_\_ Altered/Rebuilt Sq. Ft.: \_\_\_\_\_ Existing Sq. Ft. to Remain: \_\_\_\_\_

Total Existing Sq. Ft.: \_\_\_\_\_ Total Proposed Sq. Ft. (including basement): \_\_\_\_\_

Is the site fully accessible for City Staff inspection? \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Architect/Designer's Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

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 finalized prior to obtaining your building permit. Please contact the Building Division for a demolition package. \**

*(continued on back)*

Does your project comply with any Deed Restrictions, Conditions, Covenants, and Restrictions (CC&R's), or any other recorded conditions of the subdivision in which it is located? Examples are restrictions that limit development to one-story height or may require setbacks greater than those required by City Codes. You are responsible for researching your title insurance report to find the CC&R's for your property. If you do not have a copy of the title report, you may obtain the information from a title insurance company or the County Recorder's Office.  Yes  No  N/A

If No, please explain below in what way your project does not comply with the restrictions and why you propose such variations.

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I certify that the above information is true and correct.

Date: \_\_\_\_\_

Property Owner/Applicant or Authorized Agent Signature: \_\_\_\_\_

*(If signing as an authorized agent, please submit evidence of written authorization)*

**For City Staff Use Only:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Department Review Required:

Fire Department	YES / NO	Date Notified: _____
Building Division	YES / NO	Date Notified: _____
Public Works Engineering	YES / NO	Date Notified: _____
City Manager	YES / NO	Date Notified: _____
_____		Date Notified: _____
_____		Date Notified: _____

Is the submittal package complete? YES / NO

If NO, what items still need to be submitted?

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