



City of Los Altos

Planning Division

(650) 947-2750

Planning@losaltosca.gov

APPLICATION FOR ZONING APPROVAL

(All information must be provided for your application to be processed)

This application shall be typed and submitted in digital format (.PDF) to Businesslicense@losaltosca.gov

Business Information

Name of Business: _____

Business Address: _____ Suite Number _____ Zip Code _____

Type of Business (Use): _____

Square Footage to be Occupied: _____ Floor of Building: First Second Third

Premises Previously Occupied By: _____ Previous Business Type (Use): _____

Business Owner/Principal

Name: _____ Phone Number: _____ Email Address: _____

Mailing Address (if different): _____

Property Owner or Management Co.

Name: _____ Phone Number: _____ Email Address: _____

Mailing Address: _____

◆-----◆
I HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Date

Signature

CITY USE ONLY

Action: Approved Denied Zoning District _____ APN: _____

Business Use Classification: _____ Permitted Conditional Legal Nonconforming

Signature of Planner _____ Date _____

Notes: _____