



**CITY OF LOS ALTOS
GENERAL APPLICATION**

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

Permit # _____

<input type="checkbox"/> Design Review - One-Story	<input type="checkbox"/> Historical Review	<input type="checkbox"/> Single-Story Overlay Rezoning
<input type="checkbox"/> Design Review - Two-Story	<input type="checkbox"/> Lot-Line Adjustment	<input type="checkbox"/> Tentative Map/Division of Land
<input type="checkbox"/> Design Review - Comm/Multi-Fam	<input type="checkbox"/> Outdoor Display Permit	<input type="checkbox"/> Use Permit
<input type="checkbox"/> Accessory Dwelling Unit	<input type="checkbox"/> PC Study Session	<input type="checkbox"/> Variance/Extension
<input type="checkbox"/> Environmental Review	<input type="checkbox"/> Preliminary Project Review	<input type="checkbox"/> Zoning Verification Letter
<input type="checkbox"/> General Plan/Code Amendment	<input type="checkbox"/> Sign Permit	<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 and/or Commissioner inspection? _____

** Per Government Code Section 65105, City personnel may enter the subject property for inspections, examinations and surveys, provided that the entry does not interfere with the use of the land by those persons lawfully entitled to the possession thereof.*

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)

Is the property subject to any Deed Restrictions, Conditions, Covenants, and Restrictions (CC&Rs), or any other recorded conditions of the subdivision in which it is located?

Yes No

Does the subject property contain any easements or other encumbrances (i.e. public utility easement)?

Yes No

If yes to either question, please provide additional information:

Note: The applicant and/or property owner are responsible for researching the title report and other records to determine if the property is subject to any easements, CC&R's or other restrictions.

As the Property Owner; Applicant; or Authorized Agent;

I certify that the above information is true and correct.

Name: _____

Signature: _____

Date: _____

Note: If signing as an Authorized Agent, submit evidence of written authorization from the Property Owner.

For City Staff Use Only:

Received by: _____ Date: _____

Department Review Required:

Fire Department YES / NO Date Notified: _____

Building Division YES / NO Date Notified: _____

Engineering Division YES / NO Date Notified: _____

_____ Date Notified: _____

_____ Date Notified: _____

Is the submittal package complete? YES / NO

If NO, what items still need to be submitted?

