



# city of san luis obispo

## PLANNING APPLICATION

Community Development Department • 919 Palm Street • San Luis Obispo, California 93401 • (805) 781-7170

Project Address and Assessors Parcel Number(s): \_\_\_\_\_

What do you want to do? What is your final goal? \_\_\_\_\_

Applicant (Who is proposing the project?): \_\_\_\_\_ Day Phone: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Representative (if any): \_\_\_\_\_ Day Phone: \_\_\_\_\_

Representative's Address: \_\_\_\_\_

Property Owner (if other than applicant): \_\_\_\_\_ Day Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Email Address Contact: \_\_\_\_\_

Please send all correspondence to:  The Applicant  The representative  The property owner

### Property Owner Authorization:

By signing this application I certify that I have reviewed this completed application and the attached material and consent to its filing. I agree to allow the Community Development Department to duplicate and distribute plans to interested persons as it determines is necessary for the processing of the application.

\_\_\_\_\_  
Signed Date

### Applicant/Representative Certification:

By signing this application I certify that the information provided is accurate. I understand the City might not approve what i'm applying for, or might set conditions of approval. I agree to allow the Community Development Department to duplicate and distribute plans to interested persons as it determines is necessary for processing of the application.

\_\_\_\_\_  
Signed Date

### Permission to Access Property:

This section is to be completed by the property owner and/or occupant who controls access to the property. To adequately evaluate many project proposals Community Development Department Staff, Commissioners and City Council Members will have to gain access to the exterior of the real property in order to adequately review and report on the proposed project. Your signature below certifies that you agree to give the City permission to access the project site from 8 a.m. to 5 p.m., Monday through Friday, as part of the normal review of this planning application.

\_\_\_\_\_  
Signed Date

### Interior Inspection Contact Information:

Occasionally, Community Development Department staff may need access to one or more buildings on the project site. If this is the case, Staff will use the contact information below to arrange an appointment.

Name: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_

\_\_\_\_\_  
Signed Date

Office Use Only	Check Review	Application No.	Fee Paid	Notes to file: _____
	<input type="checkbox"/> Rezoning/PD	_____	_____	_____
	<input type="checkbox"/> Use Permit	_____	_____	_____
	<input type="checkbox"/> Variance	_____	_____	_____
	<input type="checkbox"/> ARC Review	_____	_____	_____
	<input type="checkbox"/> Env. Review	_____	_____	_____
	<input type="checkbox"/> Subdivision	_____	_____	_____
	<input type="checkbox"/> GP Amendment	_____	_____	_____
	<input type="checkbox"/> Annexation	_____	_____	_____
	<input type="checkbox"/> Other	_____	_____	_____
	Application fee paid by:			_____
	<input type="checkbox"/> the applicant <input type="checkbox"/> the representative <input type="checkbox"/> the property owner			_____
	Received by: _____			_____
	Date: _____			_____