



PLANNING PERMIT APPLICATION

Planning Division

2263 Santa Clara Ave., Rm. 190 Alameda, CA 94501-4477
510.747.6805 • TDD: 510.522.7538 • alamedaca.gov

Project Address: _____ APN: _____

Property on the Alameda Historical Buildings Study List? No / Yes – Designation: _____

Property subject to a Business/Homeowners Association? No / Yes - Association Name: _____

Check all applicable permits: (* indicates supplemental forms/materials required)

- | | | |
|--|---|---|
| <input type="checkbox"/> Accessory Dwelling Unit* | <input type="checkbox"/> General Plan Amendment* | <input type="checkbox"/> Subdivision* |
| <input type="checkbox"/> Certificate of Approval* | <input type="checkbox"/> Planned Development/Amendment* | <input type="checkbox"/> Use Permit* |
| <input type="checkbox"/> Density Bonus Application* | <input type="checkbox"/> Preliminary Review Application | <input type="checkbox"/> Variance* |
| <input type="checkbox"/> Design Review* | <input type="checkbox"/> Rezoning* | <input type="checkbox"/> Zoning Letter/Compliance Determination |
| <input type="checkbox"/> Development Plan/Amendment* | <input type="checkbox"/> Sign Permit * | <input type="checkbox"/> Other: _____ |

Project Description: (attach additional sheets if necessary) _____

Property Owner(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ (mobile): _____

Applicant(s): (if different from owner) _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ (mobile): _____

Hazardous Materials: Pursuant to CA Gov't Code Section 65962.5 regarding notifying the City of hazardous waste and/or hazardous substance sites, the project site: IS / IS NOT (check one) included on any of the hazardous waste or substances lists consolidated by the State of California. If on a list, provide the following information:

Reg. ID #: _____ Problem: _____ Date of List: _____

Fee Refunds shall be issued to: OWNER APPLICANT OTHER (provide contact information below)

Name: _____ Address: _____

Phone: _____ Email: _____

BOTH SIGNATURES REQUIRED BELOW

Property Owner: I hereby certify under penalty of perjury, that I am the owner of record of the property described herein and that I consent to the action requested herein. If I am not the applicant, I hereby authorize the applicant stated above to act on my behalf and take all actions necessary for the processing, issuance and acceptance of this permit and any and all standard and special conditions that may be imposed. Further, I hereby authorize the City of Alameda employees and officers to enter upon the subject property as necessary to inspect the premises and process this application.

X _____
Property Owner(s) Signature [REQUIRED]

_____ Date

Property Owner or Applicant: I hereby certify that I have read this application form and that information in this application and all the exhibits are complete, true and correct. I understand that any misstatement or omission of the requested information or of any information subsequently requested may be grounds for rejecting the application, deeming the application incomplete, denying the application, suspending or revoking a permit issued on the basis of these or subsequent representation, or for the seeking of such other and further relief as may seem proper to the City of Alameda. For applications subject to a time and materials charge, I hereby agree to pay the City of Alameda all incurred costs for staff time and materials associated with review and processing of this application, even if the application is withdrawn or not approved. I understand that one or more deposits may be required to cover the cost noted herein at such time as required by the Community Development Director to ensure there are adequate funds to cover anticipated time and material costs. I expressly acknowledge and agree that failure to pay a written invoice for additional funds within 14 days of date of invoice shall constitute the applicant's withdrawal of the application. I further acknowledge that some application fees are non-refundable and payment does not guarantee approval of the application.

X _____
Owner/Applicant Signature [REQUIRED]

_____ Date

FOR OFFICE USE ONLY

File #: _____ Date Received: _____ Received By: _____

Zoning: _____ GP: _____