



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: _____ Email: _____

Representative (if any): _____ Day Phone: _____

Representative's Address: _____ Email: _____

Property Owner (if other than applicant): _____ Day Phone: _____

Owner's Address: _____ Email: _____

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: _____

Indemnification Agreement:

The Owner/Applicant shall defend, indemnify and hold harmless the City or its agents or officers and employees from any claim, action or proceeding against the City or its agents, officers or employees, to attack, set aside, void, or annul, in whole or in part, the City's approval of this project. In the event that the City fails to promptly notify the Owner / Applicant of any such claim, action or proceeding, or that the City fails to cooperate fully in the defense of said claim, this condition shall thereafter be of no further force or effect.

Signed Date

Office Use Only	Check Review	Application No.	Fee Paid
	<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:
 the applicant the representative the property owner
 Received by: _____ Date: _____

Notes to file: _____