



Development Review Application

City of Palo Alto
Department of Planning & Community Environment
250 Hamilton Avenue, Palo Alto, CA 94301
(650) 329-2441 plandiv_info@city.palo-alto.ca.us

Date Received	
Revised	
File Number(s)	

1 Applicant Request <input type="checkbox"/> Architectural Review <input type="checkbox"/> Design Enhancement Exception <input type="checkbox"/> Environmental Impact Assessment <input type="checkbox"/> Comprehensive Plan Amendment <input type="checkbox"/> Protected Tree Removal <input type="checkbox"/> Home Improvement Exception	<input type="checkbox"/> Temporary Use Permit <input type="checkbox"/> Individual Review <input type="checkbox"/> Conditional Use Permit <input type="checkbox"/> Variance <input type="checkbox"/> Site and Design <input type="checkbox"/> Zone Change <input type="checkbox"/> Subdivision <input type="checkbox"/> Parcel Map	Application Fee(s) Fee(s): \$ _____ Receipt # : _____ Job Ledger # : _____
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2 Property Location
 Address of Subject Property: _____
 Zone District: _____ Assessor's Parcel Number: _____ Historic Category(if applicable): _____

3 Requested Action
 Description of requested action: _____

4 Applicant **NOTE: APPLICANT & PROPERTY OWNER must be placed on the submitted mailing list in order to be notified of Meetings, Hearings or action taken.**
 Name: _____ E-mail: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Fax: _____

5 Property Owner **NOTE: APPLICANT & PROPERTY OWNER must be placed on the submitted mailing list in order to be notified of Meetings, Hearings or action taken.**
 Name: _____ E-mail: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Fax: _____

I hereby certify that I am the owner of record of the property described in Box #2 above and that I approve of the requested action herein. If this application(s) is subject to 100% recovery of planning costs, I understand that charges for staff time spent processing this application(s) will be based on the Policy and Procedures document provided to me. I understand that my initial deposit is an estimate of these charges and not a fee, and I agree to abide by the billing policy stated.

Signature of Owner: _____ Date: _____

6 Action Taken (office use only)

<input type="checkbox"/> Architectural Review Board <input type="checkbox"/> Planning Commission <input type="checkbox"/> City Council <input type="checkbox"/> Planning Manager <input type="checkbox"/> Director of Planning	<table border="1"> <thead> <tr> <th>Date</th> <th>Decision</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Date	Decision										
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7 Your Next Step
 Apply to the Building Inspection Division (or other originating Department) for your Permit.
 Findings and Conditions are attached

The project must comply with the requirements of ALL applicable City Codes and Ordinances