

## City of San Ramon ZONING CLEARANCE APPLICATION

Planning Services, 7000 Bollinger Canyon Road, San Ramon, CA 94583 Telephone: 925.973.2560 Fax: 925.830.0100 Web: <u>www.sanramon.ca.gov</u>

GENERAL INFORMATION REQUIRED						
A. Address or Location of Property:						
B. Assessor's Parcel Number(s):						
C. Site Area:		D. Zoning:				
F: Existing Use of Property:						
<b>G.</b> Description of the Proposal (Provide	an Additional Paper if Nec	essary):				
	Author	ization of Property Own	er			
<ul> <li>Property Owner: In signing application. I understand that hearings or during the appea</li> </ul>	this application, I, as proper t conditions of approval are	ty owners, have full legal ca	pacity to, and hereby do	o, authorize the filing of this ubject only to the right to object at the		
Name <sup>.</sup>		Canacity				
Address:		Daytime Phone: (	)			
			)			
Signature:						
B. Applicant Other Than Property Owner: In signing this application, I, as applicant, represent to have obtained authorization of the property owners to file this application. I agree to be bound by conditions of approval, subject only to the right to object at the hearings on the application. If this application has not been signed by the property owner, I have attached separate documentation of full legal capacity to file this application and agreements of approval, subject only to the hearings or during the appeal period.						
Name:		Capacity				
Name: Address:		Daytime Phone: (	)			
Signature:		Date:				
Certification						
The Applicant and his Agent recognize may attach any condition or conditions working in the neighborhood or City. I certify that I have the authorization and correct.	necessary to ensure that th	e proposal will not be injurio	us or detrimental to the	welfare of persons residing or		
Name:		Capacity				
Name:         Capacity           Address:         Daytime Phone: ( )           ( )						
Signature: Date:						
FOR CITY USE ONLY						
ZONING CLEARANCE PERMIT NO.	PLANNER ASSIGNED:	DATE RECEIVED:	FEE RECEIVED:	RECEIPT NO.:		
ASSESSOR'S PARCEL NUMBER(S):	<u> </u>	PROPERTY ZONING DESI	GNATION:	GENERAL PLAN DESIGNATION:		

FOR CITY USE ONLY						
PROJECT NAME:		ZONING CLEARANCE PERMIT NO.:				
ZONING ADMINISTRATOR ACTION:	APPROVED BY:	DENIED BY:	DATE OF ACTION:			
SIGNED APPROVAL FROM THE FOLLOWING DEPARTMENTS (as determined by the project planner):						
NOTES: (IF NEEDED)						
S.R. Valley Fire Prot. Dist. 1500 Bollinger Canyon Road (925) 838-6600, Fax (925) 838-6696	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE	:			
San Ramon Police Services 2401 Crow Canyon Road (925) 973-2700, Fax (925) 838-2925	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE	:			
<ul> <li>Engineering Services</li> <li>2401 Crow Canyon Road</li> <li>(925) 973-2670, Fax (925) 838-3937</li> </ul>	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE	: :			
Building & Safety Services 2401 Crow Canyon Road (925) 973-2580, Fax (925) 838-2821	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE	:			
	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE	E			