



**FOR CITY USE ONLY**

PROJECT NAME:	ZONING CLEARANCE PERMIT NO.:
---------------	------------------------------

ZONING ADMINISTRATOR ACTION:	<input type="checkbox"/> APPROVED BY:	<input type="checkbox"/> DENIED BY:	DATE OF ACTION:
------------------------------	---------------------------------------	-------------------------------------	-----------------

SIGNED APPROVAL FROM THE FOLLOWING DEPARTMENTS *(as determined by the project planner)*:

NOTES: (IF NEEDED)

<input type="checkbox"/> <b>S.R. Valley Fire Prot. Dist.</b> 1500 Bollinger Canyon Road (925) 838-6600, Fax (925) 838-6696	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE:
<input type="checkbox"/> <b>San Ramon Police Services</b> 2401 Crow Canyon Road (925) 973-2700, Fax (925) 838-2925	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE:
<input type="checkbox"/> <b>Engineering Services</b> 2401 Crow Canyon Road (925) 973-2670, Fax (925) 838-3937	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE:
<input type="checkbox"/> <b>Building &amp; Safety Services</b> 2401 Crow Canyon Road (925) 973-2580, Fax (925) 838-2821	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE:
<input type="checkbox"/> _____	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE: