**CITY OF SAN LEANDRO**
**Community Development Department · Planning Services**
**835 East 14th Street · San Leandro, CA 94577**
**(510) 577 – 3325 · www.sanleandro.org**
**Hours: Monday – Thursday 8:30 am – 3:00 pm; Friday by appointment**

# PLANNING PERMIT APPLICATION

***Please type or print legibly***

Project Address: _____ Assessor's Parcel Number: _____

*Please check all applicable permits.*

- ☐ Conditional Use Permit
- ☐ Variance
- ☐ Parking Exception
- ☐ Fence Modification
- ☐ Zoning Map Amendment
- ☐ Tentative Map
- ☐ Planned Development
- ☐ Other _____ _____
- ☐ Site Plan Review:
  - Δ Major
  - Δ Minor
  - Δ RS-VP

*Please describe the project associated with your application request (attach additional sheets if necessary).*

_____

_____

*Please provide a supporting statement for your application request (attach additional sheets if necessary).*

_____

_____

**APPLICANT** ( ☐ owner ☐ lessee ☐ other ) : _____

Legal Name ( ☐ individual ☐ corporation ☐ joint venture ☐ partnership ): _____

Mailing Address: _____ Work Phone: (____) _____

City: _____ State: ____ Zip: _____ Home Phone: (____) _____

Email Address (optional): _____ Cell Phone: (____) _____

I (We) hereby certify under penalty of perjury that I (we) join in said application and that the statements and information contained herein are in all respects true and correct.

Date: _____ Applicant's Signature: _____

**PROPERTY OWNER** (if the applicant is not the owner): _____

Legal Name ( ☐ individual ☐ corporation ☐ joint venture ☐ partnership ): _____

Mailing Address: _____ Work Phone: (____) _____

City: _____ State: ____ Zip: _____ Home Phone: (____) _____

Email Address (optional): _____ Cell Phone: (____) _____

I (We) hereby certify under penalty of perjury that I (we) join in said application and that the statements and information contained herein are in all respects true and correct.

Date: _____ Property Owner's Signature: _____

## TO BE COMPLETED BY CITY STAFF

Project #: PLN _____ Date/Received: _____ By: _____ Zoning District: _____

Reviewing Body: _____ Fee/Deposit paid: _____ Code Section: _____

Hearing Date: _____ Receipt #: _____ Environmental: ☐ Exempt ☐ Neg Dec ☐ EIR

Customer Number: _____

Staff Comments: _____