



# APPLICATION FOR EXCEPTION

TO RELOCATE AN ACCESSORY UNIT (NOT EXCEEDING 600 SQUARE FEET) ON THE SAME LOT THAT IT CURRENTLY EXISTS  
**Title 15, Chapter 15.04, Article II – Glendale Municipal Code**

Submit 3 copies of this application to the Permit Services Center at 633 E. Broadway, Rm. 101, Glendale, California, 91206 along with the required fee. For more information call 818-548-3200.

Please PRINT or TYPE all information

CASE NO. \_\_\_\_\_

DATE \_\_\_\_\_

## PART 1 – PROPERTY AND BUILDING INFORMATION

- A. \_\_\_\_\_  
 (Street Address) (City) (State) (Zip Code)
- B. Legal description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Tract \_\_\_\_\_
- C. Zone(s) / District(s) \_\_\_\_\_
- D. Front setback distance required \_\_\_\_\_
- E. Side setback distance required \_\_\_\_\_
- F. Fire zone \_\_\_\_\_
- G. Proposed use of building \_\_\_\_\_
- H. Total square footage of building \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_ Number of stories \_\_\_\_\_
- I. Building material \_\_\_\_\_
- J. Type of construction \_\_\_\_\_

## PART 2 – PROPERTY OWNER INFORMATION

- A. \_\_\_\_\_  
 (First Name) (Last Name)
- B. \_\_\_\_\_  
 (Street Address) (City) (State) (Zip Code) (Area Code - Phone Number)

## PART 3 – APPLICANT INFORMATION (if not property owner)

- A. \_\_\_\_\_  
 (First Name) (Last Name)
- B. \_\_\_\_\_  
 (Street Address) (City) (State) (Zip Code) (Area Code - Phone Number)
- C. Check one box -  Architect  Builder/Developer  Consultant  Other \_\_\_\_\_

## PART 4 – EXHIBITS TO BE SUBMITTED BY APPLICANT

- Licensed Structural Pest Control Contractor Report** - I hereby certify that I am a licensed structural pest control contractor and have found the building proposed to be moved from the location as stated above to be as shown as on the attached report  
 Name \_\_\_\_\_ Signature \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_
- Photographs** – of all sides of the structure to be moved (in its present condition)
- Plot Plan**
- A. **Three (3) copies**
- B. Show proposed new location of the building on the lot
- C. Show the distance from this building to any existing improvements on the lot and the lot lines

**PART 4 – EXHIBITS TO BE SUBMITTED BY APPLICANT (Cont.)**

**Reconstruction Plan** (of new site)

A. **Three (3) copies**

B. Show all alterations or changes of use of rooms, or the building as a whole

**Cost Estimate** (owner's estimate of the reconstruction work to be performed) \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

---

---

**FOR STAFF USE ONLY**

Date received in Permit Services Center \_\_\_\_\_ Received by \_\_\_\_\_

Fee paid \_\_\_\_\_ Receipt No. \_\_\_\_\_

Date Stamp