

Case No. \_\_\_\_\_

Date

All applications and submittal requirements must be discussed with a planner at the Permit Services Center (633 E. Broadway, Rm. 101) prior to submittal. After you have completed your application packet and are ready to submit it, schedule an appointment with your contact planner (name noted on your Application Instructions). A case planner will be assigned to your project after the application is officially submitted.

#### Please complete (PRINT or TYPE) the following information:

### **PART 1 – PROPERTY INFORMATION**

- A. Street address(es) \_\_\_\_
- B. Zone(s) / District(s)
- D. Legal description of the property \_\_\_\_\_

PART 2 – APPLICANT INFORMATION Α. First Name Last Name Email Address Β. Street Address City Area Code - Phone Number State Zip Code C. Check one box - C Architect Builder/Developer Consultant Owner Other \_\_\_\_

# PART 3 - LOT LINE ADJUSTMENT INFORMATION

- A. Reason for lot line adjustment
- B. Proposed street improvements

C. Describe deed restrictions now in effect that regulate the use of the land

D. Describe any building on the property

E. Number of existing parcels \_\_\_\_\_\_ Number of proposed parcels \_\_\_\_\_\_

F. List size of all proposed parcels in square feet

Note: The above information is required by various City departments. Failure to furnish this information will delay action on the request. Ten (10) copies of this application are to be submitted, with ten (10) copies of the proposed deed(s) and record of survey map.

### **ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED**

## ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION (If applicant is different than property owner, see below)

			2.		
Record Owner's Name – <b>Please Print</b>			2 Record Owner's Name – <b>Please Print</b>		
Record Owner's Sig	gnature/s		Record Owner's S	ignature/s	· · · · · · · · · · · · · · · · · · ·
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Area Code - Phone No. Date		Date	Area Code - Phor	ne No.	Date
Record Owner's Name – <b>Please Print</b>			4 Record Owner's Name – <b>Please Print</b>		
Record Owner's Signature/s			Record Owner's Signature/s		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
			 Area Code - Phor		Date
Area Code - Phone	No.	Date	Area Code - Fhor	ie ino.	Date
					Date
			PROPERTY OWNER		Date
	NAME OF APPLICANT				
	NAME OF APPLICANT		PROPERTY OWNER	e – Please Print	
Applicant's Name -	NAME OF APPLICANT		PROPERTY OWNER 2 Applicant's Name	e – Please Print	
Applicant's Name - Record Owner's Sig	NAME OF APPLICANT		PROPERTY OWNER 2. Applicant's Name Record Owner's S	e – Please Print	
NATURE AND N Applicant's Name - Record Owner's Sig Street Address	Please Print gnature State	F IF OTHER THAN P	PROPERTY OWNER 2 Applicant's Name Record Owner's S Street Address	e – <b>Please Print</b> Signature State	
NATURE AND N Applicant's Name - Record Owner's Sig Street Address City	Please Print gnature State	Zip Code	PROPERTY OWNER 2 Applicant's Name Record Owner's S Street Address City	e – <b>Please Print</b> Signature State	Zip Code
NATURE AND N Applicant's Name - Record Owner's Sig Street Address City Area Code - Phone Date	NAME OF APPLICANT	Zip Code	PROPERTY OWNER 2 Applicant's Name Record Owner's S Street Address City Area Code - Phor	e – <b>Please Print</b> Signature State	Zip Code
Applicant's Name - Record Owner's Sig Street Address City Area Code - Phone Date	NAME OF APPLICANT	Zip Code	PROPERTY OWNER 2	e – <b>Please Print</b> Signature State	Zip Code
Applicant's Name - Record Owner's Sig Street Address City Area Code - Phone Date Cor STAFF USE EIF/EIR on file Previous EIF/E	NAME OF APPLICANT Please Print gnature State No. ONLY ; Case No	TIF OTHER THAN P         Zip Code         Date         Date	PROPERTY OWNER 2 Applicant's Name Record Owner's S Street Address City Area Code - Phor Date	e – <b>Please Print</b> Signature State	Zip Code
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Applicant's Name - Record Owner's Sig Street Address City Area Code - Phone Date COR STAFF USE I EIF/EIR on file Previous EIF/E Project Exemp Date received in 1	NAME OF APPLICANT Please Print gnature State No. ONLY ; Case No	T IF OTHER THAN P	PROPERTY OWNER 2 Applicant's Name Record Owner's S Street Address City Area Code - Phor Date	e – <b>Please Print</b> Signature State	Zip Code

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

D-119 7/2012

City of Glendale · Community Development Dept., Planning Division · 633 E. Broadway, Rm. 103 · Glendale, CA 91206 · 818.548.2140 · www.ci.glendale.ca.us/planning