

Special Recreation Review

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 (as noted on the Application Instructions).

A case planner will be assigned after the application is officially submitted.

A. Street address of premises for which the application is requested B. Zone(s) / District(s) SR Other: C. Listed on Glendale Register? Yes No In a Historic District? Yes No D. Legal description of the property PART 2 - APPLICANT INFORMATION A. (First Name) (Last Name) B. (Street Address) (City) (State) (Zip Code) (Area Code - Phone Number) C. Check one box - Architect Builder/Developer Consultant Owner Other PART 3 - SPECIAL RECREATION APPLICATION INFORMATION If this property is owned by the City of Glendale, specify Department worked with: Contact person & phone number from that Department: A. Project description B. Applicant requests	☐ EIF/EIR on file, Case N ☐ Previous EIF/EAF/EIR a Project Exempt (forms Please PRINT or TYPE all	pplicable N	Oate (mins. attached) nitials	CASE NO DATE		
B. Zone(s) / District(s) SR Other: C. Listed on Glendale Register?	PART 1 – PROPERTY I	NFORMATION				
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as regulated by Section/s , of the Glendale Municipal C				, of the Glendale Municipal Cod		

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Property Owner's Name – Please Print			2.	2. Property Owner's Name – Please Print			
Property Owner's Sig				Property Owner's Sign			
Property Owner's Street Address if not applicant				Property Owner's Street Address if not applicant			
City	State	Zip Code		City	State	Zip Code	
Phone No. Date				Phone No.	Date		
nature and name o	of applicant if othe	er than property	owner:				
Applicant's Name – Please Print			2.	Applicant's Name – Please Print			
Applicant's Signature				Applicant's Signature			
Date				Date			
		FOR ST	AFF USE O	NLY			
Date received in Permit	Services Center Receipt No		Received by	Date 9	Stamp		

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