ZONING PERMIT APPLICATION CITY OF SAUSALITO COMMUNITY DEVELOPMENT DEPARTMENT

420 Litho Street Sausalito, CA 94966

FOR STAFF USE ONLY

Date Received:				
Address of Project Site:	Planning Application No. Building Permit No. Receipt No.			
APN:				
Zoning District:				
	Staff Signature Date			
Proposed Construction:				
Will the construction modify or increase the height of the existing roof	f? If so, please describe:			
Does the project include the installation of skylights? If so, please des	scribe:			
Will the construction cause a change in use? If so, please describe:_				
APPLICANT/OWNER CERTIFICATION				
Applicant Name / Signature:				
Address:				
I, the applicant, do hereby, under penalty of perjury, that the informati to the best of my knowledge.	ion contained in this application is true and correct			
* * * IF OWNER IS DIFFERENT THAN APPLICAN I, the property owner, hereby authorize the applicant designated during consideration of this project by the City.				
Name of Owner Signature of Owner	Date			
CONCURRENT PLAN CHECK AUTHORIZATION (OPTIONAL)				
The City offers plan check review to occur concurrently with the Zoning Funtil the Zoning Permit is approved prior to submitting a building permit a check process concurrently with Zoning Permit review, the following auth	application. If the applicant chooses to initiate the plan			
I, the applicant, hereby authorize the release of the project plans submitt of plans to plan check does not constitute Zoning Permit or other Plannir processing fees if revisions or further planning review are deemed neces	ng approval, and I will remain liable for all plan check			
Signature of Applicant: Date:				
BUILDING PERMIT ISSUANCE PRIOR TO EXPIRATION OF 10-DA	AY APPEAL PERIOD (OPTIONAL)			
Staff decisions on Zoning Permits may be appealed to the Planning Comapplicant chooses to initiate construction during the Zoning Permit appear	•			
I, the applicant, hereby agree to cease all work described in this Zoning I the Zoning Permit is filed. I understand a red tag will be placed on the prothe issues regarding the appeal have been fully resolved by the City. I acrisk and recognize the City is not liable for any loss of time and/or money Zoning Permit application must be modified or is not allowed. Furthermore condition within 30-days if the Zoning Permit is denied.	oject site and the building permit will be "on hold" until cknowledge I am beginning construction at my own vif the City determines the work described in this			

_____ Date: ____

Signature of Applicant: _____

TO BE COMPLETED BY APPLICANT **STAFF USE ONLY** ITEM **EXISTING PROPOSED PROPOSED ACTUAL REQUIRED** ADDITION **TOTAL** AND/OR **ALTERATION** Parcel Area (Sec. 10.40) sq. ft. sq. ft. sq. ft. sq. ft. sq. ft No. of Dwelling Units Parcel Area/Dwelling N/A Yards (Sec. 10.40) Rear ft. ft. ft. ft. ft. Right Side ft. ft. ft. ft. ft. Left Side ft. ft. ft. ft. ft. Height (Sec. 10.40) **Building Coverage (Sec** 10.40) Area Covered Percent of Parcel sq. ft. % Impervious Surface (Sec 10.40) Area Covered Percent of Parcel sq. ft. % Floor Area (Sec. 10.40) Net Floor Area sq. ft. sq. ft. sq. ft. sq. ft. sq. ft. Floor Area Ratio (FAR) Parking Spaces (Sec. 10.40) **Number Provided Dimensions of Spaces**

Zoning Permit Approved by:		Date of Appro	oval:	
Effective D	Date of Permit:			