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: _____

APN: _____

Zoning District: _____

Planning Application No. _____

Building Permit No. _____

Receipt No. _____

_____
Staff Signature ***Date***

DESCRIPTION OF PROPOSED CONSTRUCTION AND USE:

Proposed Construction: _____

_____

Will the construction modify or increase the height of the existing roof? If so, please describe:_____

_____

Does the project include the installation of skylights? If so, please describe:_____

_____

Will the construction cause a change in use? If so, please describe: _____

_____

APPLICANT/OWNER CERTIFICATION

Applicant Name:_____

Address:_____

I, the applicant, do hereby, under penalty of perjury, that the information contained in this application is true and correct to the best of my knowledge.

IF OWNER IS DIFFERENT THAN APPLICANT, COMPLETE THE FOLLOWING

I, the property owner, hereby authorize the applicant designated in this application to act as my representative during consideration of this project by the City.

Signature of Owner:_____ Date:_____

CONCURRENT PLAN CHECK AUTHORIZATION (OPTIONAL)

The City offers plan check review to occur concurrently with the Zoning Permit review. Staff recommends the applicant wait until the Zoning Permit is approved prior to submitting a building permit application. If the applicant chooses to initiate the plan check process concurrently with Zoning Permit review, the following authorization must be completed:

I, the applicant, hereby authorize the release of the project plans submitted for plan check review. I understand that the release of plans to plan check does not constitute Zoning Permit or other Planning approval, and I will remain liable for all plan check processing fees if revisions or further planning review are deemed necessary

Signature of Applicant:_____ Date:_____

BUILDING PERMIT ISSUANCE PRIOR TO EXPIRATION OF 10-DAY APPEAL PERIOD (OPTIONAL)

Staff decisions on Zoning Permits may be appealed to the Planning Commission within 10-days of the staff decision. If the applicant chooses to initiate construction during the Zoning Permit appeal period, the following condition applies:

I, the applicant, hereby agree to cease all work described in this Zoning Permit application if an appeal of the staff decision on the Zoning Permit is filed. I understand a red tag will be placed on the project site and the building permit will be “on hold” until the issues regarding the appeal have been fully resolved by the City. I acknowledge I am beginning construction at my own risk and recognize the City is not liable for any loss of time and/or money if the City determines the word described in this Zoning Permit application must be modified or is not allowed. Furthermore, I agree to restore the project site to its original condition within 30-days if the Zoning Permit is denied.

Signature of Applicant:_____ Date:_____

PLEASE COMPLETE REVERSE SIDE OF APPLICATION

TO BE COMPLETED BY APPLICANT **STAFF USE ONLY**

ITEM	EXISTING	PROPOSED ADDITION AND/OR ALTERATION	PROPOSED TOTAL	ACTUAL	REQUIRED
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. %	sq. ft. %	sq. ft. %	sq. ft. %	sq. ft. %
Impervious Surface (Sec 10.40) _____ Area Covered Percent of Parcel	sq. ft. %	sq. ft. %	sq. ft. %	sq. ft. %	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 Approval: _____ **Effective Date of Permit:** _____