



Project Application - Planning Division

Type of Application:	Accessory Dwelling Unit	Conditional Use/Minor Use Permit	
	Design Review	Hillside Area Construction Permit	Minor Modification
	Special Permit	Variance	Other

Project Address: _____ **Assessor's Parcel #:** _____ **Zoning:** _____

Project Description:

Applicant

Name: _____

Address: _____

Phone: _____

E-mail: _____

Property Owner

Name: _____

Address: _____

Phone: _____

E-mail: _____

Architect/Designer

Name: _____

Address: _____

Phone: _____

E-mail: _____

Burlingame Business License #: _____ * Architect/Designer must have a valid Burlingame Business License.

<p align="center">Authorization to Reproduce Project Plans:</p> <p align="center">I hereby grant the City of Burlingame the authority to post plans submitted with this application on the City's website as part of the Planning approval process and waive any claims against the City arising out of or related to such action.</p> <p align="center">_____ (Initials of Architect/Designer)</p>
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Applicant: I hereby certify under penalty of perjury that the information given herein is true and correct to the best of my knowledge and belief.

Applicant's signature: _____ Date: _____

Property Owner: I am aware of the proposed application and hereby authorize the above applicant to submit this application to the Planning Division.

Property owner's signature: _____ Date: _____

Date Application Received (staff only): _____