



APPLICATION TO THE PLANNING COMMISSION

Type of application:

- Design Review Variance Parcel #: _____
 Conditional Use Permit Special Permit Zoning / Other: _____

PROJECT ADDRESS: _____

APPLICANT

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

PROPERTY OWNER

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

ARCHITECT/DESIGNER

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Burlingame Business License #: _____

Authorization to Reproduce Project Plans:

I hereby grant the City of Burlingame the authority to reproduce upon request and/or 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. _____ (Initials of Architect/Designer)

PROJECT DESCRIPTION: _____

AFFIDAVIT/SIGNATURE: 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:** _____

I am aware of the proposed application and hereby authorize the above applicant to submit this application to the Planning Commission.

Property owner's signature: _____ **Date:** _____

Date submitted: _____

**This Space for CDD
Staff Use Only**
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Project Description:

DSR deposit/handling fee paid by:	
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Key:

Abbreviation	Term
CUP	Conditional Use Permit
DHE	Declining Height Envelope
DSR	Design Review
E	Existing
N	New
SFD	Single Family Dwelling
SP	Special Permit