



APPLICATION FOR EXCEPTION

TO RELOCATE AN ACCESSORY UNIT (NOT EXCEEDING 600 SQUARE FEET) ON THE SAME LOT THAT IT CURRENTLY EXISTS
Title 15, Chapter 15.04, Article II – Glendale Municipal Code

Submit 3 copies of this application to the Permit Services Center at 633 E. Broadway, Rm. 101, Glendale, California, 91206 along with the required fee. For more information call 818-548-3200.

Please PRINT or TYPE all information

CASE NO. _____

DATE _____

PART 1 – PROPERTY AND BUILDING INFORMATION

- A. _____
 (Street Address) (City) (State) (Zip Code)
- B. Legal description: Lot _____ Block _____ Tract _____
- C. Zone(s) / District(s) _____
- D. Front setback distance required _____
- E. Side setback distance required _____
- F. Fire zone _____
- G. Proposed use of building _____
- H. Total square footage of building _____ Width _____ Length _____ Height _____ Number of stories _____
- I. Building material _____
- J. Type of construction _____

PART 2 – PROPERTY OWNER INFORMATION

- A. _____
 (First Name) (Last Name)
- B. _____
 (Street Address) (City) (State) (Zip Code) (Area Code - Phone Number)

PART 3 – APPLICANT INFORMATION (if not property owner)

- A. _____
 (First Name) (Last Name)
- B. _____
 (Street Address) (City) (State) (Zip Code) (Area Code - Phone Number)
- C. Check one box - Architect Builder/Developer Consultant Other _____

PART 4 – EXHIBITS TO BE SUBMITTED BY APPLICANT

- Licensed Structural Pest Control Contractor Report** - I hereby certify that I am a licensed structural pest control contractor and have found the building proposed to be moved from the location as stated above to be as shown as on the attached report
 Name _____ Signature _____
 Address _____ City _____ Phone _____
- Photographs** – of all sides of the structure to be moved (in its present condition)
- Plot Plan**
- A. **Three (3) copies**
- B. Show proposed new location of the building on the lot
- C. Show the distance from this building to any existing improvements on the lot and the lot lines

PART 4 – EXHIBITS TO BE SUBMITTED BY APPLICANT (Cont.)

Reconstruction Plan (of new site)

A. **Three (3) copies**

B. Show all alterations or changes of use of rooms, or the building as a whole

Cost Estimate (owner's estimate of the reconstruction work to be performed) _____

Applicant's Signature

Date

FOR STAFF USE ONLY

Date received in Permit Services Center _____ Received by _____

Fee paid _____ Receipt No. _____

Date Stamp