



DEMOLITION PLANNING CLEARANCE APPLICATION

A clearance from the Director of Planning is required prior to obtaining demolition permits from the Permit Services Center. Submit this form when applying for a *demolition building permit* from the Permit Services Center.

DATE _____

Please PRINT or TYPE all information

PART 1 – PROPERTY INFORMATION

A. Address of property for which demolition is requested _____

PART 2 – APPLICANT INFORMATION

A. _____
(First Name) (Last Name)

B. _____
(Street Address) (City) (State) (Zip Code) (Area Code - Phone Number)

C. Check one box - Architect Builder/Developer Consultant Owner Other _____

D. _____
(Signature - if other than property owner) (Date)

PART 3 – BUILDING STATUS INFORMATION

A. Was the proposed *demolition approved* by any of the following?

Design Review Board	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Historic Preservation Commission	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Redevelopment Agency	Yes <input type="checkbox"/>	No <input type="checkbox"/>
City Council	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If “Yes,” take this application to the Planning Department, 633 E. Broadway, **Rm. 103** for sign-off.

B. Is the building to be demolished *30 years old or older*? Year built _____

Yes No

If “No,” take this application to the Permit Services Center, 633 E. Broadway, **Rm. 101, Counter 6** for sign-off from a Planner.

Information on date built can be obtained from building permit files, title companies, or from the County Assessor at www.lacountyassessor.com

3) Is the building listed on the *Glendale Register of Historic Resources*?

Yes No

If “Yes,” and demolition has **NOT** been approved by the Historic Preservation Commission, **DO NOT SUBMIT THIS FORM.** Submit a Demolition of Historic Structures and a Design Review application (for replacement construction) at the Permit Services Center, 633 E. Broadway, **Rm. 101, Counter 6.**

4) Is this building a **“Contributing Structure”** in a designated historic district overlay zone?

Yes No

If **“Yes,”** and demolition has **NOT** been approved by the Design Review Board, **DO NOT SUBMIT THIS FORM** at this time. Submit a Demolition of Historic Structures application. If replacement construction is planned, also submit a Design Review application at the Permit Services Center, 633 E. Broadway, **Rm. 101, Counter 6.**

IF ALL ANSWERS TO 1-4 ABOVE ARE “NO,” submit this form at the Permit Services Center, 633 E. Broadway, Rm. 101, Counter 6 (do not answer Part D, below).

IF THE ANSWER TO QUESTION 1 ABOVE IS “NO” AND THE ANSWER TO EITHER QUESTION 2, 3 OR 4 IS “YES,” THEN ANSWER PART D BELOW, ATTACH PHOTOS, AND SUBMIT THIS FORM at the Permit Services Center, 633. E. Broadway, Rm. 101, Counter 6.

PART D – ADDITIONAL PROPERTY/BUILDING INFORMATION

- 1) Purpose of demolition _____
- 2) Describe each building to be demolished (include 4" x 6" photos of all buildings from all sides) _____

- 3) List the year built for all buildings to be demolished (include source of information) _____

- 4) Legal description and Tax Assessor's Parcel Number of each property to be demolished _____

Note: Failure to furnish the above information will delay action on the request.

ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION:

1. _____ Property Owner's Name – Please Print _____ Property Owner's Signature/s _____ Property Owner's Street Address if not applicant _____ City State Zip Code _____ Phone No. Date	2. _____ Property Owner's Name – Please Print _____ Property Owner's Signature/s _____ Property Owner's Street Address if not applicant _____ City State Zip Code _____ Phone No. Date
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FOR STAFF USE ONLY

One of the three below signatures, as applicable, must be completed to approve this form.

PERMIT SERVICES STAFF SIGN-OFF (If questions 1-4 are "No")

Zoning Planning Clearance Signature _____ **Date** _____

DRB PLANNER SIGN-OFF (If question 1 is "Yes")

Date demolition approved _____
Mitigation measure/s fulfilled Yes No
Date appeal period ends _____

DRB Planner signature _____ **Date** _____

PLANNING DIRECTOR'S CLEARANCE (If question 1 is "No" and either question 2, 3 or 4 is "Yes" **one of the following must be satisfied**)

- 1) Demolition is exempt from CEQA and the site has been posted (see below) Yes No

- 2) Demolition is subject to CEQA review through an Initial Study, appropriate documentation and review is complete, the site has been posted, and mitigation measures have been met Yes No

Conditions of approval _____

Posting (minimum seven days)

- 1) On-site By _____ Date From _____ Date To _____
- 2) On bulletin board outside City Hall By _____ Date From _____ Date To _____

Fee Paid _____ Date _____
Appeal Lodged _____ Date _____
Council Decision _____ Date _____

Planning Director's Signature _____ **Date** _____