

Case No. \_\_\_\_\_

Date \_\_\_\_\_

All applications and submittal requirements must be discussed with a planner at the Permit Services Center (633 E. Broadway, Rm. 101) prior to submittal. After you have completed your application packet and are ready to submit it, schedule an appointment with your contact planner (name noted on your Application Instructions). A case planner will be assigned to your project after the application is officially submitted.

Please complete (PRINT or TYPE) the following information:

**PART 1 – PROPERTY INFORMATION**

A. Street address(es) \_\_\_\_\_

B. Zone(s) / District(s) \_\_\_\_\_

C. Listed on Glendale Register?  Yes  No In a Historic District?  Yes  No

D. Legal description of the property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 2 – APPLICANT INFORMATION**

A. \_\_\_\_\_  
First Name Last Name Email Address

B. \_\_\_\_\_  
Street Address City State Zip Code Area Code - Phone Number

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

**PART 3 – LOT LINE ADJUSTMENT INFORMATION**

A. Reason for lot line adjustment  
\_\_\_\_\_  
\_\_\_\_\_

B. Proposed street improvements  
\_\_\_\_\_  
\_\_\_\_\_

C. Describe deed restrictions now in effect that regulate the use of the land  
\_\_\_\_\_  
\_\_\_\_\_

D. Describe any building on the property  
\_\_\_\_\_  
\_\_\_\_\_

E. Number of existing parcels \_\_\_\_\_ Number of proposed parcels \_\_\_\_\_

F. List size of all proposed parcels in square feet \_\_\_\_\_

Note: The above information is required by various City departments. Failure to furnish this information will delay action on the request. Ten (10) copies of this application are to be submitted, with ten (10) copies of the proposed deed(s) and record of survey map.

**ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED**

**ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION** (If applicant is different than property owner, see below)

1. \_\_\_\_\_  
Record Owner's Name – **Please Print**

\_\_\_\_\_  
Record Owner's Signature/s

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Area Code - Phone No. Date

2. \_\_\_\_\_  
Record Owner's Name – **Please Print**

\_\_\_\_\_  
Record Owner's Signature/s

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Area Code - Phone No. Date

3. \_\_\_\_\_  
Record Owner's Name – **Please Print**

\_\_\_\_\_  
Record Owner's Signature/s

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Area Code - Phone No. Date

4. \_\_\_\_\_  
Record Owner's Name – **Please Print**

\_\_\_\_\_  
Record Owner's Signature/s

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Area Code - Phone No. Date

**SIGNATURE AND NAME OF APPLICANT IF OTHER THAN PROPERTY OWNER**

1. \_\_\_\_\_  
Applicant's Name – **Please Print**

\_\_\_\_\_  
Record Owner's Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Area Code - Phone No. Date

\_\_\_\_\_  
Date

2. \_\_\_\_\_  
Applicant's Name – **Please Print**

\_\_\_\_\_  
Record Owner's Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Area Code - Phone No. Date

\_\_\_\_\_  
Date

<b>FOR STAFF USE ONLY</b>	<b>Date Stamp</b>
<input type="checkbox"/> EIF/EIR on file; Case No. _____ Date _____	
<input type="checkbox"/> Previous EIF/EAF/EIR applicable; No. _____ (mins. attached)	
<input type="checkbox"/> Project Exempt (forms attached); Initials _____	
Date received in Permit Services Center _____	
Received by _____	
Fee paid _____	
Receipt No. _____	