

Administrative Exception Application



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 of premises for which the exception is requested _____
- 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
- B. _____
Street Address City State Zip Code Area Code - Phone Number
- C. Check one box - Architect Builder/Developer Consultant Owner Other _____

PART 3 – ADMINISTRATIVE EXCEPTION INFORMATION

- A. Project description

- B. Applicant requests _____

as regulated by Section/s _____
of the Glendale Municipal Code.
- C. Present use _____

Note: Failure to furnish any of the requested information will delay action on the request. Three (3) copies of this application are to be submitted. Attach additional pages as needed.

ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED

PART 4 – FINDINGS OF FACT (per Glendale Municipal Code Title 30, Chapter 30.44). To justify your Administrative Exception request, please answer all of the following questions:

- A. How will the granting of the exception result in design improvements OR how do the space restrictions of the site preclude full compliance with Code requirements without hardship? _____

- B. Why will granting of the exception NOT be detrimental to the public welfare? _____

- C. Why will granting of the exception be in keeping with the objective/s of the applicable regulation/s? _____

- D. Statement of additional facts related to the exception request _____

ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION

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

SIGNATURE AND NAME OF APPLICANT IF OTHER THAN PROPERTY OWNER

1. _____ Applicant's Name – Please Print	2. _____ Applicant's Name – Please Print
_____ Applicant's Signature/s	_____ Applicant's Signature/s
_____ Date	_____ Date

FOR STAFF USE ONLY	Date Stamp
<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. _____	