

# City of San Ramon ZONING CLEARANCE APPLICATION

Planning Services, 2401 Crow Canyon Road, San Ramon, CA 94583  
 Telephone: 925.973.2560 Fax: 925.838.3231 Web: [www.sanramon.ca.gov](http://www.sanramon.ca.gov)



## GENERAL INFORMATION REQUIRED

<b>A.</b> Address or Location of Property:	
<b>B.</b> Assessor's Parcel Number(s):	
<b>C.</b> Site Area:	<b>D.</b> Zoning:
<b>F.</b> Existing Use of Property:	
<b>G.</b> Description of the Proposal (Provide an Additional Paper if Necessary):	

## Authorization of Property Owner

**A. Property Owner:** In signing this application, I, as property owners, have full legal capacity to, and hereby do, authorize the filing of this application. I understand that conditions of approval are binding. I agree to be bound by those conditions, subject only to the right to object at the hearings or during the appeal period.

Name: \_\_\_\_\_ Capacity: \_\_\_\_\_  
 Address: \_\_\_\_\_ Daytime Phone: (    ) \_\_\_\_\_  
   (    ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B. Applicant Other Than Property Owner:** In signing this application, I, as applicant, represent to have obtained authorization of the property owners to file this application. I agree to be bound by conditions of approval, subject only to the right to object at the hearings on the application. If this application has not been signed by the property owner, I have attached separate documentation of full legal capacity to file this application and agreements of approval, subject only to the right to object at the hearings or during the appeal period.

Name: \_\_\_\_\_ Capacity: \_\_\_\_\_  
 Address: \_\_\_\_\_ Daytime Phone: (    ) \_\_\_\_\_  
   (    ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Certification

The Applicant and his Agent recognize that this application is subject to California Environmental Quality Act of 1970. The City, in granting this application, may attach any condition or conditions necessary to ensure that the proposal will not be injurious or detrimental to the welfare of persons residing or working in the neighborhood or City.

I certify that I have the authorization of the property owner(s) to file this application. I further certify that the information and exhibits submitted are true and correct.

Name: \_\_\_\_\_ Capacity: \_\_\_\_\_  
 Address: \_\_\_\_\_ Daytime Phone: (    ) \_\_\_\_\_  
   (    ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR CITY USE ONLY

ZONING CLEARANCE PERMIT NO.	PLANNER ASSIGNED:	DATE RECEIVED:	FEE RECEIVED:	RECEIPT NO.:
ASSESSOR'S PARCEL NUMBER(S):		PROPERTY ZONING DESIGNATION:	GENERAL PLAN DESIGNATION:	

**FOR CITY USE ONLY**

PROJECT NAME:		ZONING CLEARANCE PERMIT NO.:	
ZONING ADMINISTRATOR ACTION:	<input type="checkbox"/> APPROVED BY:	<input type="checkbox"/> DENIED BY:	DATE OF ACTION:
SIGNED APPROVAL FROM THE FOLLOWING DEPARTMENTS <i>(as determined by the project planner)</i> :			
NOTES: (IF NEEDED)			
<input type="checkbox"/> <b>S.R. Valley Fire Prot. Dist.</b> 1500 Bollinger Canyon Road (925) 838-6600, Fax (925) 838-6696	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE:	
<input type="checkbox"/> <b>San Ramon Police Services</b> 2401 Crow Canyon Road (925) 973-2700, Fax (925) 838-2925	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE:	
<input type="checkbox"/> <b>Engineering Services</b> 2401 Crow Canyon Road (925) 973-2670, Fax (925) 838-3937	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE:	
<input type="checkbox"/> <b>Building &amp; Safety Services</b> 2401 Crow Canyon Road (925) 973-2580, Fax (925) 838-2821	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE:	
<input type="checkbox"/> _____	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE:	