



APPLICATION

Gateway District

APPLICANT INFORMATION:

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		

PROPERTY INFORMATION:

<i>Tax Map Information</i>	Tax map:	Group:	Parcel:	Lot:
Street Address		Apartment/Unit #		
Current Zone	Proposed Zone			
Current Use	Proposed Use			
Size of tract or parcel:				

*** If jointly held, list all property owners:**

Certificate Requested for the Purpose of

Building Permit for:	New Construction:
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Real Estate Improvement: (Describe)

Expansion or renovation: (Describe)

DISCLAIMER AND SIGNATURE

By signing below I state that I have read and understand the conditions of this application and have been informed as to the location, date and time of the meeting in which the Gateway Commission will review my application. I further state that I am/we are the sole and legal owner(s) of the property described herein and that I am/we are requesting a certificate of Appropriateness from the Gateway Commission.

Signature	Date
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Signed before me on this _____ day of _____, 20____,

a notary public for the State of _____

County of _____.

Notary _____

My Commission Expires _____

CITY PLANNING OFFICE	
Plan Received Date:	Received By:
Application and Fee Paid:	
Pre-Submission Conference Date:	
Staff Recommendation:	
Gateway Commission Meeting Date:	
Previous requests or file numbers	
Signature of City Planner	Date