

# 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:			
<b>* If jointly held, list all property owners:</b>			
Certificate Requested for the Purpose of			
Building Permit for:		New Construction:	
Real Estate Improvement: (Describe)			
Expansion or renovation: (Describe)			
DISCLAIMER AND SIGNATURE			
<p>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.</p>			
Signature		Date	
<p>Signed before me on this _____ day of _____, 20____,</p> <p>a notary public for the State of _____</p> <p>County of _____.</p> <p>Notary _____</p> <p>My Commission Expires _____</p>			

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<b>CITY PLANNING OFFICE</b>	
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