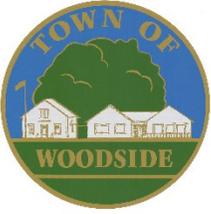


ZONING COMPLIANCE – APPLICATION



TOWN OF WOODSIDE
 2955 Woodside Road
 Woodside, California 94062
 650-851-6790
 www.woodsideca.gov

Property Address: _____ **APN #:** _____

Property Owner: _____ **Applicant:** _____

Owner Address: _____ **Applicant Address:** _____

Phone Number: _____ **Phone Number:** _____

Email: _____ **Email:** _____

Description of Project:

This permit is issued for work as depicted on the associated drawings, based on the dimensions and information shown. This permit will not remain valid if such plans are not an accurate representation of the proposed work.

The approval of this permit shall lapse and shall become null and void two years following the permit issuance date, unless extended by the Planning Director pursuant to Municipal Code Section 153.917.

Owner's Signature: _____ **Date:** _____

Applicant's Signature: _____ **Date:** _____

Along with this completed application and required fee, please submit two of each of the following:

1. Plot Plan, drawn to scale, showing:

- The location of the proposed project on the property, including setback distances from property lines, equestrian and other easements, and streams; as well as, if applicable, the location of septic systems, areas with slopes which exceed 35%, and trees which are 30 inches or more in circumference as measured four feet from the ground.
- For structures, the floor area of each structure proposed, as well as the total existing floor area for other structures on the property, and the lot area.
- For decks/patios/walkways, the area of each proposed, as well as the total existing paved coverage area for the property.

2. Elevation Drawings, drawn to scale, showing:

- The height from grade, materials, and colors of proposed structures, decks, or lighting.
- For lights, a cut/specification sheet showing the type of fixture and maximum permitted wattage of bulb (UL rating). (THIS PERMIT APPLIES TO ONLY LOW-VOLTAGE LIGHTING. IF LINE VOLTAGE WILL BE USED, AN ELECTRICAL PERMIT IS REQUIRED.)

Approved: _____ **Date:** _____

FOR STAFF TO COMPLETE

Fee: \$ _____ **Date Paid:** _____ **Receipt Number:** _____ **Received By:** _____