



RELIEF FROM REPLACEMENT BUILDING PERMIT REQUIREMENT

Project Address

Project Name

Applicant/Contact Person
name: phone:
address: fax:
city: state: zip code: email:

Property Owner
name: phone:
address: fax:
city: state: zip code: email:

Applicant Signature: Date:
(note: if the applicant is other than the property owner, separate signed owner authorization is required)

Required Findings - Describe how the demolition will comply with the following findings (P.M.C. §17.62.100(B)). Complete either items 1 - 3 OR item 4
1. The structure to be demolished is not a designated historic resource or a resource eligible for designation...
2. The demolition does not result in the loss of habitable dwelling units...
3. The proposed demolition would not result in the disruption of a continuous grouping of architecturally significant structures...
4. The granting of relief from replacement building permit requirement serves an overriding public benefit...

Staff Use Only
PLN _____ fee: \$ _____ Application Processing
PRJ _____ notification: \$ _____ [] applied for CofA/demolition
staff initials _____ 3% records fee: \$ _____ [] concurrently
date: _____ total: \$ _____ [] approved _____
[] part of project subject to CEQA
[] public notice required (500 feet)