## ATTACHMENT A: Application & Taxpayer Protection Form

## **MASTER APPLICATION FORM** Planning & Development Department 175 North Garfield Avenue Design Review (Ch. 17.61.030 P.M.C.) Pasadena, CA 91109-7215 fax: 626.793.5937 626.744.4009 Certificate of Appropriateness (Ch. 17.62.090 P.M.C.) http://www.cityofpasadena.net/planninganddeveiopment 475 N HUDSON **Project Address** Project Name Project Description Whiten CHANGE + :- ANTERNS Contractor Developer **X**Other Architect Applicant name: 1)(171715 ). phone(805) \$962 9865 Lolada address: 975 N fax: zip code: email: city: در ۲ 91104 Date: 02-03-03 **Applicant Signature:** (note: if the applicant is other than the property owner, separate signed owner authorization is required) Architect or Designer (for design review projects) phone: name: fax: address: email: zip code: city: state: **Property Owner** phone: name: Lshada fax: address: 975 A zip code: नावन email: city: CA Primary Contact Person: Dennis 5. Architect Property Owner **Applicant** Litrada Proposed Work x addition/alteration demolition relocation restoration/rehabilitation sign/awning new construction Project Information (for staff use only) PLN 2007 - 0010xe **Review Authority** Historic Preservation Review Type of Design Review PRJ staff Category 1 concept design review ☐ Category 2 (eligible) final design review staff initials: Design Commission consolidated design review Historic Presentation Comm. ☐ Cate; ory 3 (potentially eligible) date accepted: date submittals rec'd:

Landmark/nistoric District

district name

1

fee:

TOTAL: \$

notification:

3% records fee:

**CEQA Review** 

Exempt

Pending

Completed

Public Art

ves

l no

completed

Tree Removal

] yes

no

## Disclosure Pursuant to the City of Pasadena Taxpayer Protection Act Pasadena City Charter, Article XVII

1. The value of this application has the	potential to exceed \$25,000. $\square$ Yes	No (Applicant must mark one)	
non-profit organizations.   501(c)			
Applicant's name: Demis	Estlada Date of Applicat	ion: 2/5/07	
Contact phone number (for questions regarding this form): (805) 962-9865			
Owner's name: Dennis Estade Type of Application:			
Project Address: 975 D Hunson Aul			
Project Description:	ndow Replace	ment	
equity, participation or revenue inte include the name of the organization	rs, trustees, directors, partners, officers ar rest in Owner and/or project. If any of the n/entity and the first and last names of all ties below and use additional sheets as ne Attachment	lese are an organization or entity, I parties of interest of that	
Names of Trustees, Directors, Partners, Officers of Owner	Names of Trustees, Directors, Partners, Officers of Owner (continued)	Those with more than a 10% equity, participation or revenue interest in Owner and/or Project	
Dennix Estraida		100% 000 ~ e/	
Signature of Owner or Agent:	d agent and that the statements and answers conta st of my knowledge and belief.	ined herein, and the information attached, are in  Date: 25/07	
For office use only Assigned Planner: Advice N	OZUKI PLN#: DU	12007-00104	
·			
		□ No Attached Address	
•	Application Wit		
•	cision Date: Decision Ma	aker:	
Votes in favor (please print):	·		
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