# REQUEST FOR PERMIT FOR OUTDOOR SEATING

## TOWN OF LOS GATOS - COMMUNITY DEVELOPMENT DEPARTMENT

Civic Center: 110 E. Main Street, Los Gatos, CA 95030  
Phone: (408) 354-6874 Fax: (408) 354-7593

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<th>Date Received:</th>
<th>Received By:</th>
<th>Application #:</th>
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## 1. PROPERTY LOCATION:
Address of subject property: __________________________________________

## 2. APPLICANT REQUEST:
Request to install new outdoor seating area.

## 3. PROPERTY DETAIL
Lot Area _______________  Zoning _______________  APN _______________

## 4. PROPERTY OWNER:
Name __________________________________________  Phone _______________
Address ___________________________________________________________________
City ___________________________  State ___________  Zip ___________________

I hereby certify that I am the owner of record of the property described in Box #1 and that I approve of the action requested herein.

**SIGNATURE OF PROPERTY OWNER** ______________________________  DATE _____________

## 5. APPLICANT: (If same as above, check here ______)
Name __________________________________________  Phone _______________
Address ___________________________________________________________________
City ___________________________  State ___________  Zip ___________________

I hereby certify that penalty of perjury that all application materials and plans are true and correct.

**SIGNATURE OF PROPERTY OWNER** ______________________________  DATE _____________

## 6. Submittal Requirements:
- _____ 1 copy of letter describing request and justification for request
- _____ 1 copy of current Conditional Use Permit
- _____ 4 copies of plans (11” x 17” or 24” x 36”) showing existing and proposed improvements
- _____ photos of site
- _____ $1,000 deposit fee (PLPERMIT)

**Check this line if an Encroachment Permit is needed.** Please contact the Town’s Public Works Division at (408) 399-5770 for additional information.