

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

Date Received: _____
Received By: _____
Application #: _____

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.