

TOWN OF LOS ALTOS HILLS

26379 Fremont Road
Los Altos Hills, CA 94022
Phone: (650) 941-7222
Fax: (650) 941-3160
www.losaltoshills.ca.gov



Application for Zoning Permit

1. PROPERTY DESCRIPTION:

**** Please print or type. ****

Street Address:

2. PROJECT DESCRIPTION:

Description of project (i.e. fence, gate, oak tree removal, etc.):

3. PROPERTY OWNER:

| | | |
|------------------------|---------------|----------------|
| Name of Legal Owner: | | |
| Mailing Address: | | |
| Home Phone: | Mobile Phone: | Email Address: |
| Representative's Name: | Phone: | Email Address: |
| Mailing Address: | | |

4. FEES AND DEPOSITS:

For Town Use

Planner will complete this section. Fees and deposits, payable to the Town of Los Altos Hills, are required to process all Planning applications.

| | Fee |
|---------------------|-----|
| Oak Tree Removal: | |
| Fence/Gate/Columns: | |
| Other: | |
| : | |
| : | |

| |
|------------|
| Receipt #: |
| File #: |
| Date: |

5. SIGNATURE OF OWNER(S) OR AGENT:

(Please Note: Agent requires letter of authorization from owner.)
I, the undersigned owner or authorized agent of the property described above, hereby make an application for the purposes set forth above in accordance with the provisions of the City Ordinances, and I hereby certify that the information given is true and correct and to the best of my knowledge and belief.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|