

# TOWN OF WOODSIDE

## Public Hearing Application

**Owner**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Project address: \_\_\_\_\_

**Applicant**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Parcel number: \_\_\_\_\_

**REQUEST FOR PUBLIC HEARING:**

- |   |  |
|---|--|
| <input type="checkbox"/> Variance # _____           | <input type="checkbox"/> Exception to Maximum Residence Size # _____ |
| <input type="checkbox"/> Site Development # _____   | <input type="checkbox"/> Exception to Site Development # _____       |
| <input type="checkbox"/> Site Design # _____        | <input type="checkbox"/> Exception to Setbacks # _____               |
| <input type="checkbox"/> Lot Merger # _____         | <input type="checkbox"/> Conditional Use Permit # _____              |
| <input type="checkbox"/> Amend CUP # _____          | <input type="checkbox"/> Amend Zoning Ordinance # _____              |
| <input type="checkbox"/> Amend General Plan # _____ | <input type="checkbox"/> Other _____                                 |

Describe the Nature of the Request and Reference the Section of the Code Which Addresses It:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Present Use of Property: \_\_\_\_\_

Legal Description: \_\_\_\_\_

	Subdivision	Block	Lot Number
Lot Size	Zoning District	General Plan Designation	



**AFFIDAVIT:**

I declare that I am the owner (or authorized agent of the owner\*) of the property involved in this application and that the foregoing is true and correct.

In order for this application to be complete, the story poles (if applicable) are required to be erected at least 14 days prior to the meeting date. If the story poles are not erected by that time, the application will be deemed incomplete, in which case the application will be considered by the Commission (or Board) at a later date.

Executed at: \_\_\_\_\_, California

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_

\*Property owner must provide written verification.



**FOR OFFICIAL USE ONLY**

Fee: _____ Receipt #: _____ Deposit: _____ Receipt #: _____ Received By: _____ Date: _____ ASRB Required: _____	<p style="text-align: center;"><u>APPROVAL</u></p> <u>Planning Commission</u> With Conditions Approved: _____ Denied: _____ Approved: _____ Denied: _____
	<u>Town Council</u> With Conditions Appeal Date: _____ Approved: _____ Denied: _____