

**TOWN OF WOODSIDE  
PLANNING APPLICATION  
ARCHITECTURAL & SITE REVIEW BOARD / PLANNING COMMISSION**

**PROJECT ADDRESS:** \_\_\_\_\_ **APN:** \_\_\_\_\_

**REQUEST FOR PUBLIC HEARING: (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> ASRB                      | <input type="checkbox"/> Exception to site development regulations |
| <input type="checkbox"/> Site Design (ASRB + PC)   | <input type="checkbox"/> Exception to setbacks                     |
| <input type="checkbox"/> Variance                  | <input type="checkbox"/> Exception to maximum residence size       |
| <input type="checkbox"/> Lot Merger                | <input type="checkbox"/> Conditional Use Permit (new or amendment) |
| <input type="checkbox"/> Lot Line Adjustment       | <input type="checkbox"/> Amendment to zoning ordinance             |
| <input type="checkbox"/> Subdivision/Land Division | <input type="checkbox"/> Other                                     |

**DESCRIPTION OF PROJECT:**

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

**OWNER:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

**APPLICANT: (if other than owner)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

\*\*\*\*\*

**AFFIDAVIT**

I declare that I am the owner (or authorized agent\*) of the property involved in this application, and that the foregoing is true and correct and complete in accordance with the requirements listed in Section 153.226 of the Woodside Zoning Ordinance.

In order for this application to be complete, **the story poles 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 Board at a later date.

Government Code Section 65105: Entry on land by planning agency personnel - In the performance of their functions, planning agency personnel may enter upon any land and make examinations and surveys, provided that the entries, examinations, and surveys do not interfere with the use of the land by those persons lawfully entitled to the possession thereof.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Authorized agent must provide written verification from the property owner.

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**OFFICE USE ONLY**

FEE: \_\_\_\_\_ DEPOSIT: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ Date: \_\_\_\_\_