



Special Recreation Review

All applications and submittal requirements must be discussed with a planner at the Permit Services Center (633 E. Broadway, Rm. 101) prior to submittal. After you have completed your application packet and are ready to submit it, schedule an appointment with your contact planner (as noted on the Application Instructions). A case planner will be assigned after the application is officially submitted.

FOR STAFF USE ONLY

- EIF/EIR on file, Case No. _____ Date _____
 - Previous EIF/EAF/EIR applicable No. _____ (mins. attached)
 - Project Exempt (forms attached) Initials _____
- Please PRINT or TYPE all information**

CASE NO. _____
DATE _____

PART 1 – PROPERTY INFORMATION

- A. Street address of premises for which the application is requested _____
- B. Zone(s) / District(s) **SR** Other: _____
- C. Listed on Glendale Register? Yes No In a Historic District? Yes No
- D. Legal description of the property _____

PART 2 – APPLICANT INFORMATION

- A. _____
(First Name) (Last Name)
- B. _____
(Street Address) (City) (State) (Zip Code)

(Area Code - Phone Number)
- C. Check one box - Architect Builder/Developer Consultant Owner Other

PART 3 – SPECIAL RECREATION APPLICATION INFORMATION

If this property is owned by the City of Glendale, specify Department worked with: _____
Contact person & phone number from that Department: _____

- A. Project description

- B. Applicant requests

as regulated by Section/s _____, of the Glendale Municipal Code.

C. Present use

Note: Failure to furnish the above information will delay action on the request. Two (2) copies of this application are to be submitted. Attach additional pages as needed.

ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION (if the property is owned by the City of Glendale, then the City Manager must sign the application)

1. _____
Property Owner's Name – Please Print

Property Owner's Signature/s

Property Owner's Street Address if not applicant

City State Zip Code

Phone No. Date

2. _____
Property Owner's Name – Please Print

Property Owner's Signature/s

Property Owner's Street Address if not applicant

City State Zip Code

Phone No. Date

Signature and name of applicant if other than property owner:

1. _____
Applicant's Name – Please Print

Applicant's Signature

Date

2. _____
Applicant's Name – Please Print

Applicant's Signature

Date

FOR STAFF USE ONLY

Date received in Permit Services Center _____ Received by _____ Date Stamp
Fee paid _____ Receipt No. _____