



# CITY OF SEASIDE

Resource Management Services | Planning Division  
Limited Term Permit Application

LTP-19-\_\_\_\_\_

File # \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT**

**Project Address or Location:** \_\_\_\_\_ **APN:** \_\_\_\_\_

**Project Description** (attach if needed): \_\_\_\_\_

**Applicant / Primary Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Owner:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Owner's Statement:** "By my signature, I hereby certify that I am the legal owner of record of the property identified in this application and that I approve of the requested action herein. I further certify that all data, information, plans and evidence submitted as part of this application is true and correct to the best of my knowledge."

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submittal Requirements**

- 1. Site Plan** - Six (6) full-sized plan sets. All site plans must be to scale. Include dimensions of all parking spaces, driveways, landscaped areas, storage areas, signs, location of event and any other exterior component of the project.
- 2. Project Description** – Describe the proposed use or activities, days and hours of operation, number of employees and visitors, and any other relevant information.
- 3.** Additional information may be required following initial review of the project.

**TO BE COMPLETED BY STAFF**

\*\*\*Fees per current adopted fee schedule\*\*\*

Fee Collected: \_\_\_\_\_ Receipt No.: \_\_\_\_\_ Accepted By: \_\_\_\_\_ Date Accepted: \_\_\_\_\_