

## REQUEST FOR PERMIT FOR OUTDOOR SEATING

### TOWN OF LOS GATOS - COMMUNITY DEVELOPMENT DEPARTMENT

Civic Center: 110 E. Main Street, Los Gatos, CA 95030  
Phone: (408) 354-6874 Fax: (408) 354-7593

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Application #: \_\_\_\_\_

**1. PROPERTY LOCATION:**

Address of subject property: \_\_\_\_\_

**2. APPLICANT REQUEST:** Request to install new outdoor seating area.

**3. PROPERTY DETAIL**

Lot Area \_\_\_\_\_ Zoning \_\_\_\_\_ APN \_\_\_\_\_

**4. PROPERTY OWNER:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby certify that I am the owner of record of the property described in Box #1 and that I approve of the action requested herein.

**SIGNATURE OF PROPERTY OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**5. APPLICANT: (If same as above, check here \_\_\_\_\_)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby certify that penalty of perjury that all application materials and plans are true and correct.

**SIGNATURE OF PROPERTY OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**6. Submittal Requirements:**

\_\_\_\_\_ 1 copy of letter describing request and justification for request

\_\_\_\_\_ 1 copy of current Conditional Use Permit

\_\_\_\_\_ 1 copy of plans showing existing and proposed improvements

\_\_\_\_\_ photos of site

\_\_\_\_\_ \$1,000 deposit fee (PLPERMIT)

\_\_\_\_\_ **Check this line if an Encroachment Permit is needed.** Please contact the Town's Public Works Division at (408) 399-5770 for additional information.