



City of San Clemente Planning Division

910 CALLE NEGOCIO, SUITE 100 SAN CLEMENTE CA 92673
Phone: (949) 361-6100
Fax: (949) 366-4750
E-mail: planning@san-clemente.org

STAFF WAIVER OF ARCHITECTURAL PERMIT/ CULTURAL HERITAGE PERMIT

Applicant Name: _____ Phone: _____

Email: _____

Property Owner Name: _____ Phone: _____

Email: _____

Project Address: _____

Architectural Overlay Non-Residential

Proximity to historic structure:
 Abutting Within _____ feet

Historic Structure Address: _____

Description of proposal: _____

Proposed addition: _____ sq. ft.

Please include the following information:

- Vicinity Map showing project site
- Photograph of whole building
- Photograph of features to be replaced (closeup)
- Brochure or sample of replacement material
- Color sample of replacement material
- Other _____

Applicant Signature

Date

FOR OFFICE USE ONLY

PERMIT FEE: \$177.19 (MAP only) RECEIPT #: _____

DATE ISSUED: _____ ISSUED BY: _____

See attached conditions of approval.