



CITY OF DEL REY OAKS

Use Permit:
Choose all that
Apply

- Conditional
- Minor
- Home Occupational
- Signage
- Auxiliary Building

Variance:
Yes
No

Architectural Review Type:
Residential
Commercial

Applicants Name: _____

Owner's Name: _____

Project Address: _____

Telephone#: _____ APN #: _____

Lot #: _____ Block: _____ Subdivision: _____

INSTRUCTIONS:

1. Briefly, using as much detail as possible, describe the nature of your permit request.
2. For variance request, also include in writing A, B & C of section 17.44.020 along with a details plot plan.

Check here if additional materials are attached.

Applicant's Signature

I HAVE RECEIVED A COPY OF THE CITY'S FLAGGING/NETTING POLICY AND UNDERSTAND THE REQUIREMENTS THAT MUST BE MET Initial Here _____

-FOR OFFICE USE ONLY-

APPLICATION # _____ DATE: _____

FEE CASH/CHECK/CC # _____ RECEIVED BY: _____

DATE SCHEDULED FOR CONSIDERATION _____

APPROVED _____ DENIED _____