City of Burlingame ◆ Community Development Department ◆ 501 Primrose Road ◆ (650) 558-7250 ◆ planningdept@burlingame.org

Two-Unit Residential Overlay District (SB 9 Project) Application Form

Which type of SB 9 Project is being applied for (select all that apply)?

☐ **New Unit(s)** ☐ **Lot Split** ☐ **Lot Split + New Unit(s)**

Project Address: _____ **Assessor's Parcel #:** _____ **Zoning:** _____

Project Description:

Property Owner:

Name: _____

Address: _____

_____

Phone: _____

E-mail: _____

Applicant (if different than property owner):

Name: _____

Address: _____

_____

Phone: _____

E-mail: _____

Architect/Designer:

Name: _____

Address: _____

_____

Phone: _____

E-mail: _____

Date Application Received (staff only):

Burlingame Business License #: _____ * Architect/Designer must have a valid Burlingame Business License.

Property Owner: I am aware of the proposed application and hereby authorize the above applicant to submit this application to the Planning Division.

Property owner's signature: _____ Date: _____

Applicant: I hereby certify under penalty of perjury that the information given herein is true and correct to the best of my knowledge and belief.

Applicant's signature: _____ Date: _____