



# City of San Clemente Planning Division

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## 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   
  Brochure or sample of replacement material  
 Photograph of whole building   
  Color sample of replacement material  
 Photograph of features to be replaced (closeup)   
  Other \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

PERMIT FEE:   \$140.00  

RECEIPT #: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_

See attached conditions of approval.