

<u>Building Division</u>: 408-615-2440 Email: Building@santaclaraca.gov <u>Permit Center</u>: 408-615-2420 Email: PermitCenter@santaclaraca.gov

Automated Inspection Scheduling System: 408-615-2400

AB 2234: REQUEST FOR PROCESSING AS A POST-ENTITLEMENT PHASE PERMIT HOUSING PROJECT

I am the Owner of the Premises located at:

Building address:

Assessor Parcel Number (APN):_____

I am seeking a Postentitlement Phase Permit or permits for a project that meets the eligibility criteria contained in <u>Assembly Bill 2234</u> as it amended the California Government Code and, by signing this declaration, I state that the Project meets each of those eligibility criteria. I also acknowledge that, if my project does not in fact meet the eligibility criteria, the City may require that my application be re-submitted and my review process re-initiated and that, if my project scope changes in a way that renders it no longer eligible, I have a responsibility to inform the City. I provide the following information to describe further how the Project complies with the relevant regulations and acknowledge my obligations with respect to the Project.

- 1. The development activity covered by this Project required entitlements that have been approved. And the approved Planning (PLN/PRJ) permit(s) is/are: _____
- 2. The project meets the definition of a "Housing Development Project" (Check one):

□ Two or more new residential units (not including accessory dwelling or junior accessory dwelling units);

□ Mixed-use developments consisting of at least 2/3 residential, as determined by square footage:

- Total Project square footage: ______
- Residential square footage: ______
- Percentage of total that is residential: _____;
- □ Transitional housing or supportive housing facilities
- 3. Specify which permits is being submitted (Check all that apply):
 - □ Demolition □ Grading/Onsite Improvement □ Building
 - □ Mechanical □ Electrical

Plumbing

4. The project contains _____ dwelling units, which renders it part of the following category (Check one):

- □ 2-25 units or
- \Box 26 or more units

I certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Name of Owner (print): Signature:	Email:	
	Date:	
City Review Decision		
Approved by:	or Disapproved by:	