



Permit Extension Request Application

PERMIT NUMBERS:

DATE ORIGINAL PERMIT(S) EXPIRE:

PROPERTY INFORMATION:

STREET ADDRESS

APPLICANT

NAME

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

FAX

E-MAIL

PROPERTY OWNER

NAME

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

FAX

E-MAIL

REASON FOR EXTENSION OF PERMIT

TO ALL APPLICANTS:

Employees of the City of West Hollywood will give every possible assistance to anyone who desires to utilize the remedies provided by the City's zoning ordinance. However, the burden of proof is on the applicant to make the showing necessary before the application can be granted. Also, there is no guarantee - expressed or implied - the application will be granted by whatever agency or individual has authority in the matter.

The applicant shall understand also that each matter must be carefully investigated and, after a staff investigation has been made, the staff's decision may be contrary to a position taken in any preliminary discussions.

I have read the foregoing and understand that I HAVE THE BURDEN OF PROOF in the matter arising under the application made by me.

I declare that everything in this application is true and correct to the best of my knowledge.

 SIGNATURE OF APPLICANT

 DATE