



City of Seaside Non-Profit Fundraiser Permit

PLEASE PRINT OR TYPE, ILLEGIBLE, INCOMPLETE OR INCORRECT APPLICATIONS AND/OR PLANS
WILL BE RETURNED!

Applicant

Name: _____

Mailing Address: _____

Daytime Phone: _____

Signature: _____

Property Owner

Name: _____

Mailing Address: _____

Daytime Phone: _____

Property Owners Statement: "By my signature, I hereby state that I am the legal owner of record of the property identified in this application and that all data, information, plans, and evidence submitted as part of this application is true and correct to the best of my knowledge."

Signature: _____

Address or Location of Project: _____

Current Use at This Location: _____

Assessor's Parcel Number: _____ Zoning: _____

Lot(s): _____ Block: _____ Tract: _____

Lot Size: _____ Feet by: _____
(along street) (depth)

Proposed Number of Parking Spaces: _____

File# _____

Name of Proposed Business: _____

Days and Hours of Operations: _____

Number of Employees: _____

Will Alcohol, Beer or Wine be served? _____ Yes _____ No

Will there be any storage or use of hazardous materials? _____ Yes _____ No

Describe the business or use in detail: _____

(Attach additional sheets if necessary)

Would you like the City's Crime Prevention Officer to review the project for security?

_____ Yes _____ No

Administrative Use Only

Application Number: _____

Fee Amount: As per current adopted fee schedule

Date of Submittal: _____

Receipt Number: _____

Received by: _____

Account Number: _____

Environmental Assessment

___ No Significant Impact ___ Categorically Exempt – Class ___ Environmental Review Required

By: _____ Date: _____