



City of Temple City

ZONING CLEARANCE FOR FENCES AND WALLS

CHECKLIST & APPLICATION

PROPERTY INFORMATION

Property Address: _____ Current Use: _____

ITEMS REQUIRED

This checklist will be used by staff to determine if an application contains the appropriate requirements to begin the application process. All items listed below must be included. If any items are not included the project will not be accepted for submittal. This checklist does not determine a project complete for purposes of the Permit Streamlining Act.

- Completed *Fence/ Wall Application*.
- Applicable Filing Fees (\$47)
- Site plan prepared in accordance with the *Minimum Plan Preparation & Plan Contents Checklist*. On the site plan show the location of property lines; location, use, and distance of buildings from property lines; and location, height, and material of fences. For a base map, consider Google Maps or the LA County Parcel Viewer. Provide required number of copies in the required sizes:

Plans	Letter Size (8.5"*11")	Tabloid (11"*17")	Full Size(24"*36")	Digital
Site Plan				1

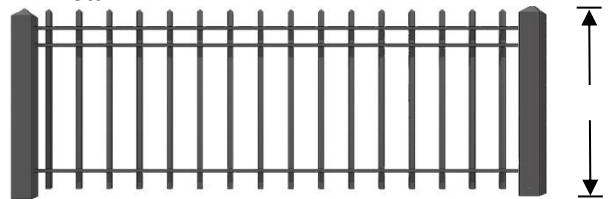
- Pictures of the site and surrounding area. Pictures may be submitted digitally in the following formats: JPEG, BMP, or TIF, provided a list is also submitted with the file name, date the photo was taken, and the photographer.
- Weep Holes – For properties receiving rainwater from adjacent sites, call out weep holes to be provided in concrete block walls.
- Online Submittal Portal: <http://www.ci.temple-city.ca.us/1202/Apply-Online>

Please indicate fence type:

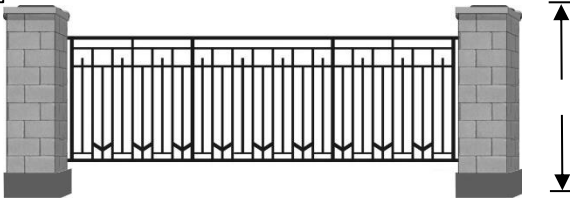
All Concrete



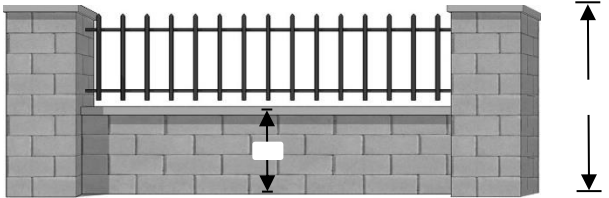
All Metal



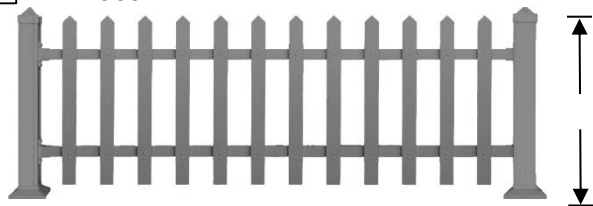
Concrete & Metal



Concrete & Metal



All Wood



All Wood/Vinyl



APPLICANT INFORMATION

Applicant: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Fax: _____ Cell / Other Phone: _____ E-mail: _____

Note: Attach additional lists for multiple property owners. If the property owner or applicant is a trust, partnership, corporation or LLC, on a separate sheet, provide a listing of all persons that make-up the trust, partnership, corporation or LLC

APPLICANT CERTIFICATION

I hereby certify that the statements furnished in this application and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. In addition, I understand that the filing of this application grants the City of Temple City permission to reproduce submitted materials, including but not limited to, plans, exhibits, and photographs, for distribution to staff, Commission, and City Council Members, and other Agencies in order to process the application, and to make those materials available to the public on the City of Temple City's web site and cable channel, notwithstanding Health & Safety Code § 19851 or any other provision of law. Nothing in this consent, however, shall entitle any person to make use of the intellectual property in plans, exhibits and photographs for any purpose unrelated to the City's consideration of this application.

Signature: _____ Date: _____

Name (*print or type*): _____ Phone: _____

CONSENT BY PROPERTY OWNER

Note: If applicant is other than property owner, owner must sign consenting to filing. Attach additional sheets if necessary. Originals signatures only. Fax copies of owner's signature will not be accepted.

I/We, as the owner(s) of the subject property, consent to the filing of this application. We further consent and hereby authorize City representative(s) to enter upon my property for the purpose of examining and inspecting the property in preparation of any reports and/or required environmental review for the processing of the application(s) being filed. Attach additional sheets if necessary.

Signature(s)

Name(s) (please print or type)

Date

Note: - This application being signed under penalty of perjury and does not require notarization.
- It is the applicant's responsibility to determine property line locations.

FOR OFFICE USE ONLY

Case Number: _____

Receipt Number: _____

Submittal Date: _____

Approval Date: _____

FOR OFFICE USE ONLY

Approved

Approved with Conditions

Denied

Conditions of Approval: _____

Planner's Initials: _____

Decision Date: _____