



City of Santa Barbara

HISTORIC LANDMARKS COMMISSION (HLC) RESUBMITTAL COVER SHEET

Date: _____
Fee: _____
Staff: _____

(For Subsequent Filings Only - Initial Filings Use Master Application)

PROJECT STREET ADDRESS: _____

DATE OF LAST ACTION: _____ MST #: _____

DESCRIBE REQUEST, LAST HLC REVIEW AND CHANGES MADE SINCE THEN:

(Requests will not be accepted without a COMPLETE description of request and changes. Only the changes listed below will be considered for approval.)

FULL COMMISSION	CONSENT CALENDAR
<input type="checkbox"/> <u>CONCEPT CONTINUED</u>	<input type="checkbox"/> <u>CONTINUED</u>
<input type="checkbox"/> <u>PROJECT DESIGN (formerly Preliminary)</u>	<input type="checkbox"/> <u>PROJECT DESIGN (formerly Preliminary)</u>
<input type="checkbox"/> <u>IN-PROGRESS</u>	<input type="checkbox"/> <u>FINAL (Final Approval Checklist REQUIRED)</u>
<input type="checkbox"/> <u>FINAL (Final Approval Checklist REQUIRED)</u>	<input type="checkbox"/> <u>REVIEW AFTER FINAL</u>
<input type="checkbox"/> <u>REVIEW AFTER FINAL</u>	☛ 1 copy of plans required at time of submittal.
☛ 1 full-sized and 3 half-sized scaled plans required at time of submittal.	

DATE: _____

NAME OF PERSON TO CONTACT: _____

ADDRESS: _____

ZIP CODE: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

SIGNATURE OF PROPERTY OWNER/AUTHORIZED AGENT: _____