

## **Application for Priority Application Processing**

This form is to be used for requests for Priority Application Processing as set forth in Director's Bulletin No. 2. Please submit completed applications to the Office of the Planning Director.

	For Staff Use Only		
	Case and/or Permit Application Nos.	Date Received	Time Received
PROPERTY ADDRE	iss:		BLOCK(S) & LOT(S):
ZONING:	HEIGHT/BULK DISTRICT:	SUD/HISTORIC DISTRICT (if any)	
DESCRIPTION OF	PROPOSED WORK (ATTACH ADDITIONAL PAGES IF NECES	SSARY):	
	· ·		
	ority Application Review		
Check Type:  1 100% affordab	ole housing 1A HOME-SF & <100% aff. hsng.	3 clean construction 4 seism	sic retrofit 5 HCSMP 6 othe
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Findings of consisten	cy with Director's Bulletin No. 2 (attach additional pages if ne	cessary). For Type 3 Applications, you must a	iso submit the <u>supplemental Application</u> .
Applicant's [	Declaration		
	re that the information I have provided is	accurate to the best of my kno	owledge and that I intend to
complete the p	roject described herein in compliance with irector's Bulletin No. 2 for the particular t	h the requirements for Priorit	y Processing of Applications
to do so may le	ead to suspension of permits, stoppage of		
articulated in t	he Municipal Code.		
SIGNATURE OF APP	LICANT	DATE	
NAME OF APPLICAN	T AND RELATIONSHIP TO PROJECT (PRINT)	PHONE NUMBER A	AND EMAIL ADDRESS
For Staff Use Only	1		
Check One:	ACCEPTED REJECTED		
Signature and Prin	nted Name of Staff [Director's Office staff only]		Date