

SWAP MEET OCCUPANCY PERMIT APPLICATION

Zoning Review

		201111	grieview		
TENANT INFORMATION					
BUSINESS ADDRESS				ZONE	
585 GLENOAI	KS BOULE	EVARD, SAN FERNANDO	O, CA 91340	M-2 (INDUSTRIAL)	
SPACE NUMBER(S)				IF YOU DO NOT HAVE A FIXED LOCATION, CHECK BOX HERE	
BUSINESS INFO	RMATION				
NAME OF BUSINESS					
DESCRIPTION OF BUSINESS					
SANFER					
ARE YOU REQUESTING A PERMIT TO OCCUPY A STORAGE CONTAINER AT THE SWAP MEET?					
□ YES □ NO					
VENDOR INFORMATION					
NAME OF VENDOR		· AAS		PHONE NUMBER	
MAILING ADDRESS					
BUSINESS LICENSE N	UMBER (LEAV	E BLANK IF NEW VENDOR)		4	
City of San Fernan	do Zoning Or		ity, State, and Federal	upon compliance with all regula regulations. I hereby certify that	-
VENDOR SIGNATURE* AUG. 31, 1911 DATE					
*All approved permits o	are subject to a	ny applicable requirements pursuant to	the San Fernando Municipa	ıl Code	
FOR OFFICE USE ONLY					
FOR SELLERS ONLY		FOR STORAGE CONTAINER OCCUPANCY REVIEWED BY			DATE
PERMIT FEE AIMS SURCHARGE GPU SURCHARGE	\$ 23.00 \$ 2.30 \$ 1.15	PERMIT FEE \$ 204.52 ISSUANCE FEE \$ 69.00 AIMS SURCHARGE \$ 27.35	PLANNING APPROVAL		DATE
GF O SONCHANGE	ÿ 1.13	GPU SURCHARGE 13.68	COMMENTS		
TOTAL FEE	\$ 26.45	TOTAL FEE \$ 314.55			
PERMIT NO.		PERMIT NO.			
CBO-		CBO-			
AIMS FILE NO.		AIMS FILE NO.			
1					