



CITY OF CARMEL BY THE SEA
DEPARTMENT OF COMMUNITY PLANNING AND BUILDING

APPLICATION FOR COMMERCIAL USE PERMIT

Fee _____
Receipt _____
Date _____
Application No. _____

Associated Permits _____

Property Owner's Name _____ Phone _____

Mailing Address _____

City, State, Zip _____ Fax _____

Street Location _____

Business Name _____

Block _____ Lot(s) _____ Assessor's Parcel No. _____

Signature of Property Owner (required) _____ Date _____

Individual to receive all correspondence and agendas regarding this application:

Name of Contact _____ Phone _____

Mailing Address _____

City, State, Zip _____ Fax _____

E-mail address _____

Signature of Applicant/Contact _____ Date _____

Commercial Business: New use permit Amend existing use permit

Property Development: Master use permit Density of 23-33 units/acre
 Subdivision Density of 34-44 units/acre

Description: _____

City Use Only

Decision Maker _____ Action _____ Date of Action _____