



AB 2234: Request for Processing as a Post-Entitlement Phase Permit Housing Project

I am the Owner of the Premises located at:

Building address:

Assessor Parcel Number (APN):

I am seeking a Post-Entitlement Phase Permit or permits for a project that meets the eligibility criteria contained in [Assembly Bill 2234](#) as it amended the California Government Code and, by signing this declaration, I state that the Project meets each of those eligibility criteria. I also acknowledge that, if my project does not in fact meet the eligibility criteria, the City may require that my application be re-submitted and my review process re-initiated and that, if my project scope changes in a way that renders it no longer eligible, I have a responsibility to inform the City. I provide the following information to describe further how the Project complies with the relevant regulations and acknowledge my obligations with respect to the Project.

1. The development activity covered by this Project required entitlements that have been approved. The approved Planning (PLN/PRJ) permit(s) is/are:

2. The project meets the definition of a "Housing Development Project" (check one):

- Two or more new residential units (not including accessory dwelling or junior accessory dwelling units)
- Mixed-use developments consisting of at least 2/3 residential, as determined by square footage:

- Total Project square footage:
- Residential square footage:
- Percentage of total that is residential:

Transitional housing or supportive housing facilities

3. Specify which permits are being submitted (check all that apply):

- | | | |
|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Grading/Onsite Improvement | <input type="checkbox"/> Building |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing |

4. The project contains _____ dwelling units, which renders it part of the following category (check one):

- 2–25 units
- 26 or more units

I certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Name of Owner (print):

Email:

Signature:

Date:

City Review Decision

Approved by:

or Disapproved by:

Contact Information

Building Division: 408-615-2440 | **Email:** building@santaclaraca.gov

Permit Center: 408-615-2420 | **Email:** permitcenter@santaclaraca.gov