



City of Palo Alto

Public Works Engineering
Phone: 650/329-2151 FAX: 650/329-2240
www.cityofpaloalto.org

APPLICATION FOR CERTIFICATE OF COMPLIANCE

APPLICATION: _____ COC- _____

APPLICANT

Name: _____

Address: _____

E-Mail: _____

Phone: _____

PROPERTY

Address: _____

Assessor's Parcel No. (APN): _____

Owner(s): _____

(a) Existing Use: _____

(b) Proposed Use: _____

(c) Proposed Improvements: _____

Expected date of completion: _____

(d) Existing easements, leases, rights-of-way, licenses, or other encumbrances (attach copies): _____

(e) Purpose of the Certificate of Compliance: _____

Property Owner Signature Date

Property Co-Owner Signature Date

APPROVALS:	INITIALS:	DATE:	COMMENTS:
Planning:	_____	_____	_____
Public Works Survey:	_____	_____	_____
City Attorney:	_____	_____	_____
Light & Power Eng:	_____	_____	_____
WGW Engineering:	_____	_____	_____
Building Inspection:	_____	_____	_____