



CITY OF SOUTH LAKE TAHOE
 Development Services Department
 Phone: (530) 542-6010

SRO PERMIT APPLICATION FORM

Date _____

TO AVOID MISUNDERSTANDING AND TO EXPEDITE PROJECT REVIEW AND PERMIT PROCESSING, YOU ARE URGED TO COMPLETE ALL INFORMATION THAT APPLIES. PLEASE PRINT AND BE AS DETAILED AS POSSIBLE.

Permit No. _____	APN _____
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Lodging Facility Name _____	Total Number of Guest Rooms _____
Lodging Facility Address _____	
DBA (Business Name) _____	

PROPERTY OWNER

Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone: _____ Cell Phone: _____ Fax No. _____

Email: _____

PROPERTY MANAGER

Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone: _____ Cell Phone: _____ Fax No. _____

Email: _____

SRO Room Details

Number of SRO Rooms: _____ Room Numbers: _____

Required Attachments

BL/TOT Clearance
 Site Plan
 Electrical Survey
 Maintenance Plan

Staff Use Only

Fees Paid \$ _____ Received By _____ Date: _____