

**CITY OF SOUTH LAKE TAHOE**

**SRO PERMIT APPLICATION FORM**

Development Services Department

Phone: (530) 542-6010 or (530)542-6023

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 \_\_\_\_\_

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: \_\_\_\_\_