

**APPLICATION FOR VIEW ASSESSMENT
(Structure Development Permit)**

Project No.: _____

1. Address of property for which the structure development permit has been requested:

2. Provide the following information for the individual filing this Application for Assessment:

Name: _____

Address: _____

Phone Number: _____

Email: _____

3. Description of the viewing area as defined in Solana Beach Zoning Ordinance, Section 17.63.020(I) and extent of impairment: _____

4. Identify the portion of the proposed structure which is the most objectionable and suggestions to minimize the view impairment: _____

5. Description of the Claimants attempt(s) to resolve this issue with the owner/representative of the property for which a Structure Development Permit has been requested: _____

Signature of Applicant for Assessment

Date Submitted

STAFF USE ONLY:

Application for Assessment fee paid? _____