



City of Foster City

ESTERO MUNICIPAL IMPROVEMENT DISTRICT

610 FOSTER CITY BOULEVARD
FOSTER CITY, CA 94404-2222
tel. (650) 286-3200 – fax. (650) 574-3483
www.fostercity.org

Architectural Review Notification Report

To: Curtis Banks, Director
Community Development Department
City of Foster City
610 Foster City Boulevard
Foster City, CA 94404

(to be completed by City staff)

File No. _____

The applicant must complete the items below:

I have provided the property owners listed below with an "Architectural Review Neighbor Notification Form", an envelope to return the form by mail, and an opportunity to review the plans dated _____ for a construction project at _____ consisting of _____.

Name	Address	Date Notified	Indicate if contact was by mail or in person

I hereby certify under penalty of perjury that the foregoing is true and correct.

Dated: _____

Signature: _____

Name (print): _____

Please return this form to the Community Development Department with your application.



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Architectural Review Neighbor Notification Form

(When completed, please return this form to Curtis Banks,
Community Development Director, at the address shown above)

File No. _____ (to be completed by City staff)

PROJECT INFORMATION – TO BE COMPLETED BY THE APPLICANT

Date of Plans: _____

Address of Proposed Project: _____

Project Description: _____

Neighboring Property Owner's Response

I have reviewed the plans for the project described above. **(Please check one or more boxes below:)**

- I have no objections to the proposal depicted on these drawings. If the project is approved as proposed, I hereby waive any rights to file an appeal.
- I would like City staff to call or e-mail me **(circle one)** at _____ (daytime phone/e-mail address) to discuss my concerns.
- I am opposed to this proposal in its current form because _____

- I would like a Notice of Decision mailed or e-mailed **(circle one)** to me following any action on the application, providing an opportunity to file an appeal.

OVER PLEASE ⇨

Important Information for Property Owner

Please return this form to the Community Development Department as soon as possible. The Department must act on this application within a few days of a determination that an application is complete.

If you wish to file an appeal of the decision rendered for this project you must do so within ten (10) calendar days of the decision and in accordance with Section 17.06.150.A.1. of Title 17 (Zoning) of the Foster City Municipal Code. You must also submit an Appeal Fee in accordance with the latest adopted Master Fees and Service Charges Schedule in the form of a check to the City of Foster City. Appeal forms are available at the Community Development Department and will be mailed upon request by telephoning (650) 286-3225 during business hours.

Dated: _____

Signature: _____

Name (print): _____

Mailing Address: _____

E-mail Address: _____

Revised May 2012