

LOS ANGELES CITY PLANNING



DROP OFF TRANSMITTAL

METRO DSC

VALLEY DSC

PLANNER NAME (if applicable): _____

PROJECT ADDRESS: _____

CLEARANCE SUMMARY WORKSHEET 15-DIGIT NO. / CASE NO. (if applicable):

SCHEDULED APPOINTMENT DATE/TIME (if applicable): _____

REASON FOR SUBMITTAL:

Case Filing

Covenant & Agreement

Case Condition Clearance

Slope Band Analysis

Appeal

Other

CONTACT INFORMATION:

Name: _____ Phone: _____

Email: _____ Date: _____

NOTES: