



COVID-19 RECOVERY/EXPEDITING REQUEST

CITY OF ENCINITAS
DEVELOPMENT SERVICES DEPARTMENT
www.encinitasca.gov

505 South Vulcan Avenue
Encinitas, California 92024
(760) 633-2708 or permits@encinitasca.gov

[The Following To Be Completed By Staff]
Application No. _____
Date of Application: _____

The City of Encinitas is prioritizing various permit applications/requests, which may assist reopening of businesses that have been impacted by COVID-19. If you would like consideration for expediting, please complete this form and submit to the Development Services Department. Approval may be granted on a case-by-case basis.

SITE

Project Name/Description: _____
Project Address: _____
City/State/ZIP: _____
APN(s): _____
Between: _____ And: _____
(Street) (Street)

PROPERTY OWNER AUTHORIZED REPRESENTATIVE *

Name: _____ Company Name: _____
Address: _____
City/State/ZIP: _____
Phone: _____ Fax: _____ Email: _____

* A letter of authorization is required

REQUEST

Please complete this form and submit in digital format (PDF), along with explanation of your permit application/request desired for expediting. Ensure you include narrative justification for expediting to be considered by the Department. Include the application number(s), if one has been assigned, for the associated permit/request.

SIGNATURE

Signature, Owner or Authorized Agent (Attach letter of authorization) _____ Date _____

Please Print or Type Signatory's Name and Title (if applicable) _____