



UNDERGROUND UTILITY WAIVER REQUEST

CITY OF ROLLING HILLS ESTATES
4045 Palos Verdes Drive North
Rolling Hills Estates, CA 90274
Phone-310.377.1577 Fax 310.377.4468
www.RollingHillsEstates-Ca.gov

PROJECT ADDRESS _____ PA # _____

PROPERTY OWNER NAME _____ PHONE # _____

REASON FOR WAIVER REQUEST (Check one or more that may apply)

- That an existing building is being renovated, reconstructed, repaired or added to at an aggregate cost which does not exceed 50% of the reasonable replacement value of said building prior to such renovation, reconstruction, repair or addition;
- That such waiver will not result in a significant change in the existing visual pattern created by existing overhead service lines;
- That imposing the undergrounding requirement would impose undue financial hardship;
- That the under-grounding requirement requires going onto a neighboring property and/or under the street, where the pole may be located across the street from the subject property.

As owner of the property described in this application, I declare that the foregoing statements herein contained and the information herewith submitted are in all respects true and correct to the best of my knowledge and belief.

x _____
SIGNATURE OF PROPERTY OWNER OR AUTHORIZED AGENT DATE

Rear property line

Front property line

PLOT PLAN

1. Sketch all buildings including any new additions (approximate scale & dimensions).
2. Show location of new or existing electric service panel, telephone, and cable lines.
3. Show location of pole now serving subject building.

Pursuant to Rolling Hills Estates Municipal Code Section 15.04.080 all utilities for new buildings, additions, and change of service must be underground. In the event that the Planning Director is unable to grant a waiver for under-grounding of overhead utility service(s), the applicant may appeal the Director's decision to the Planning Commission within 10 days of a written decision being provided by the Director. An appeal fee in the amount of \$300 (or any amount that may be superseded by City Council Resolution) shall be paid to the City for such appeal.

THIS BOX FOR OFFICE USE ONLY.

Inspector Initials _____ Date _____

DETERMINATION OF THE PLANNING DIRECTOR: ___ Approved ___ Denied

Signature _____ Date _____

Inspector Comments: _____

