



PALOS VERDES HOMES ASSOCIATION

320 Palos Verdes Dr W
Palos Verdes Estates, CA 90274
(310) 373-6721

CHANGE OF SETBACK APPLICATION

Owner _____ Phone _____
Property Address _____ Email _____
Lot _____ Block _____ Tract _____ Original Plan # _____

Received Date _____
Fee Paid _____ Receipt # _____

I hereby request a change of setback from _____ ft.,
called setback to _____ ft.

**Request to be accompanied with preliminary site plan & floor plan, along with detailed letter explaining design challenges.
Documentation of existing setbacks of surrounding homes is required.**

DATE

SIGNATURE

FOR OFFICE USE ONLY

Plans Returned

Date	Name	No. Plans	Date	Name	No. Plans
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____