



**CITY OF SOUTH LAKE TAHOE**  
*Development Services Department, Planning Division*  
1052 Tata Lane, South Lake Tahoe, CA 96150  
Phone (530) 542-6010 • Fax (530) 541-7524  
Web address: www.cityofslt.us

---

## RESIDENTIAL ALLOCATION APPLICATION

**Single Family**                       **Multi-Family # of units** \_\_\_\_\_

**Is the property within a Town Center?**                       **Yes**                       **No**

**Site Address:** \_\_\_\_\_

**Assessor's Parcel Number:** \_\_\_\_\_

Please list all persons with ownership interest in the property. Properties owned by corporations, companies, partnerships or trusts require submittal of documentation identifying all owners, members, or other parties with interests. Provide additional pages if necessary. All property owners shall sign the application or provide written authorization for this application.

**Property Owner Name(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following information will be used to contact the property owner(s) regarding the status of the application and information on the distribution of allocations. By signing and authorizing this application, all property owners consent to the contact person listed below as the responsible party for all correspondence with the City of South Lake Tahoe regarding this application. Please contact the [Permit Center](#) to update contact information, if necessary.

**Primary Contact Person Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Declaration:**

I hereby declare under penalty of perjury that this application and all information submitted as part of this application are true and accurate to the best of my knowledge. I am the owner(s) of the subject property. I understand that should any information or representation be submitted in connection with this application be incorrect or untrue, the City of South Lake Tahoe may rescind any approval or take other appropriate action. Provide additional pages necessary.

**Property Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INFORMATION ON SUBMITTING A COMPLETE  
RESIDENTIAL ALLOCATION APPLICATION**

Each application shall contain the following information:

- Completed residential allocation application form, with the property owner(s) signature(s), including all parties holding a title interest.
- Copy of grant deed in the current property owner(s) name.
- Verification of TRPA IPES or Bailey score with sufficient points to be accepted by the TRPA as “buildable,” or proof of points purchased up to the designated “buildable” level. This information can be obtained on the [TRPA website](#).
- Application FEE and DEPOSIT, payable to the City of South Lake Tahoe.

**STAFF USE ONLY**

**Fees:**

Amount Paid: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_



*"We will reflect the Natural Treasure in which we live"*

## ONE TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

*Credit Card Authorization Form may be used for immediate project intake.*

*Fees may alternatively be calculated by staff at intake. Project cannot be taken in until fees are collected. For assistance in calculating your fees prior to project submittal, please contact the Permit Center.*

ADDRESS OF PROPERTY \_\_\_\_\_

APN \_\_\_\_\_ UNIT # \_\_\_\_\_

Sign and complete this form to authorize City of South Lake Tahoe to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

### Please complete the information below:

I, \_\_\_\_\_, authorize **City of South Lake Tahoe** to charge my credit  
(full name)

card for the permit in which I am applying, on or after \_\_\_\_\_. This payment is for

(Select one):  Building Permit  Planning Permit  VHR Permit

at \_\_\_\_\_  
(Property/Site Address)

Billing Address \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa, MC, Discover; 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.**

## REVIEW PROCESS

When this application is submitted, city staff will verify the address, APN, zoning, and IPES buildable score. Staff will also check the Flood Insurance Rate Map to determine if the parcel is located in a flood zone. If located in a flood zone, the parcel may be placed on the allocation waiting list, however, a FEMA Letter of Map Amendment is required before an allocation can be issued to the parcel.

If complete, the parcel will be placed at the end of the RESIDENTIAL ALLOCATION SINGLE FAMILY, MULTI-FAMILY, or TOWN CENTER WAITING LIST in the order that complete applications are received. When allocations are received from the TRPA they are distributed according to the current City Council Residential Allocation Policy (Resolution 2018-46).

**Fees:** A non-refundable administrative fee and a refundable deposit will be collected at the time of application submittal. The deposit will be credited toward the City Building Permit fee after the allocation is issued, or it will be refunded upon withdrawal from the list. Requests for a parcel to be removed from the list and the deposit returned must be made in writing.

**Position on the list:** Your position on the list is parcel and owner specific. It may not be transferred to any other property or owner. If the title to the property changes, or the property is sold before an allocation is issued, the property shall be removed from the list. The new owner of the property (if desired) shall submit the required application and fees to be placed at the end of the list. It is the responsibility of each list member to notify the City Permit Center immediately of any change in mailing address or contact information.

**Checking your position on the list:** You may contact the City Permit Center at [permitcenter@cityofslt.us](mailto:permitcenter@cityofslt.us) or check the city's [webpage](#) to find out your position on the waiting list (<http://www.cityofslt.us/152/Residential-Allocation-Waiting-Lists>). Any parcels receiving allocations will be removed and any new applications will be added.

**Multi-parcel applicants:** Only one allocation will be issued per owner, per year, unless there are no other applicants on the waiting list or all applicants on the waiting list have declined.

**Multi-Family allocations:** Property owners who plan to develop multiple residential units on a single parcel shall submit the same information as required of the Single Family Allocation List. The maximum number of multiple family allocations for one property is eight (8) within an allocation period (2-year cycle), except for projects located in a Town Center. The applicant shall pay the per-application deposit, plus the per-unit fee as established in the City Master Fee Schedule.

**Questions:** Contact the City Permit Center (530) 542-6010 or [permitcenter@cityofslt.us](mailto:permitcenter@cityofslt.us).

---

---

**FOR STAFF USE ONLY**

Site Address: \_\_\_\_\_

APN: \_\_\_\_\_

Applicant: \_\_\_\_\_

Plan Area, Area Plan or Community Plan: \_\_\_\_\_

Special Area or District: \_\_\_\_\_

Allowed Use: Yes \_\_\_\_\_ No \_\_\_\_\_

Requires Special Use Permit: Yes \_\_\_\_\_ No \_\_\_\_\_

FEMA FIRM Flood Zone: \_\_\_\_\_

Letter of Map Amendment required prior to acceptance of an allocation?

Yes \_\_\_\_\_ No \_\_\_\_\_

IPES Score: \_\_\_\_\_

All materials listed above have been submitted and verified to be accurate:

Yes \_\_\_\_\_ No \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_