



*City of Foster City*

**ESTERO MUNICIPAL IMPROVEMENT DISTRICT**

610 FOSTER CITY BOULEVARD  
FOSTER CITY, CA 94404-2222

**Architectural Review Notification Report**

To: Marlene Subhashini, Director  
Community Development Department  
City of Foster City  
610 Foster City Boulevard  
Foster City, CA 94404

(to be completed by City staff)

File No. \_\_\_\_\_

**The applicant must complete the items below:**

I have provided the property owners listed below with an "Architectural Review Neighbor Notification Form", an envelope to return the form by mail, and an opportunity to review the plans dated May 26, 2023 for a construction project at 612 Bridgeport Ln consisting of 2nd story expansion.

Name	Address	Date Notified	Indicate if contact was by mail or in person
Takako Iwasa.	613 Plymouth Ln.	June 22, 2023.	Mail and in Person
Robert Riggs.	610 Bridgeport Ln.	June 22, 2023.	Mail (signature confirm) + agent

I hereby certify under penalty of perjury that the foregoing is true and correct.

Dated: June 22, 2023

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

*Benjamin Chiu*

Name (print): Benjamin Chiu

*Please return this form to the Community Development Department with your application.*



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**Architectural Review  
Neighbor Notification Form**

(When completed, please return this form to Marlene Subhashini,  
Community Development Director, at the address shown above)

File No. \_\_\_\_\_ (to be completed by City staff)

**PROJECT INFORMATION – TO BE COMPLETED BY THE APPLICANT**

<b>Date of Plans:</b>	May 26, 2023
<b>Address of Proposed Project:</b>	612 Bridgeport Ln
<b>Project Description:</b>	2nd Story addition and HVAC upgrade

**Neighboring Property Owner's Response**

I have reviewed the plans for the project described above. **(Please check one or more boxes below:)**

- ☐ I have no objections to the proposal depicted on these drawings. If the project is approved as proposed, I hereby waive any rights to file an appeal.
- ☐ I would like City staff to call or e-mail me (**circle one**) at \_\_\_\_\_  
(daytime phone/e-mail address) to discuss my concerns.
- ☐ I am opposed to this proposal in its current form because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ I would like a Notice of Decision mailed or e-mailed (**circle one**) to me following any action on the application, providing an opportunity to file an appeal.

**OVER PLEASE ⇨**

### Important Information for Property Owner

Please return this form to the Community Development Department as soon as possible. The Department must act on this application within a few days of a determination that an application is complete.

If you wish to file an appeal of the decision rendered for this project you must do so within ten (10) calendar days of the decision and in accordance with Section 17.06.150.A.1. of Title 17 (Zoning) of the Foster City Municipal Code. You must also submit an Appeal Fee in accordance with the latest adopted Master Fees and Service Charges Schedule in the form of a check to the City of Foster City. Appeal forms are available at the Community Development Department and will be mailed upon request by telephoning (650) 286-3225 during business hours.

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**Dated:** June 22, 2023

**Signature:**

**Name (print):** Benjamin Chiu

**Mailing Address:**

**E-mail Address:**

Revised January 2019