CITY OF ALHAMBRA
COMMUNITY DEVELOPMENT DEPARTMENT
111 SOUTH FIRST STREET, ALHAMBRA, 91801
(818) 570-5034

APPLICATION FOR VARIANCE

INSTRUCTIONS TO APPLICANT:

A. Complete all numbered items. Use typewriter or print legibly in ink.
B. Submit required plans and other materials. See Filing Procedure.
C. See fee schedule for application fee.
D. Application must be filed by the filing deadline. See hearing schedule.

1. Date _____ File Number [ ]

TO THE CITY PLANNING COMMISSION
CITY OF ALHAMBRA, CALIFORNIA:

2. The undersigned applicant(s) are the owner(s) of property located at _____ is

_____

_____
(Street address or exterior boundaries)

3. and legally described as follows: _____

_____

_____
(Legal description may be attached separately if necessary.)

4. Zone _____

5. *State in your own words:*

a. the improvement you intend to make to the above described property: _____

_____

_____

_____

_____

b. the provisions or restrictions of the code which prohibit the requested use: _____

_____

_____

_____

Office Use
Alhambra Municipal Code Sections:

_____

_____

6. The property is presently improved as follows:

_____

_____

The following statements must be completed in full:

NECESSARY CONDITIONS

7. There are exceptional or special circumstances applicable to the property including size, shape, topography, location or surroundings in the following respect:

_____

_____

_____

_____

8. The granting of such variance will not be materially detrimental to the public welfare or injurious to the property or improvements in such zone or vicinity in which the property is located for the following reasons:

_____

_____

_____

_____

9. Such variance is necessary for the preservation and enjoyment of a substantial property right of the applicant, because:

_____

_____

10. The granting of such variance will not adversely affect the comprehensive general plan, by reason of the following:

_____

_____

_____

11. This application must be signed in exactly the same manner in which title to the property is held. Before signing, please examine your deed or title insurance policy.

Signatures of all owners of record of the property herein described. { _____ _____ _____ _____

VERIFICATION

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES } ss.

12. I am an owner of property involved in this application. I have read the foregoing Application for Modification and know the contents thereof. I certify that the same is true and correct to the best of my own knowledge and belief.

I certify (or declare), under penalty of perjury,* that the foregoing is true and correct.

Executed on _____ (date) *at* _____ (place) *California*

_____
Signature

Phone No: _____

_____
Mailing Address

* the verification form being signed under penalty of perjury, does not require notarization.

Revised February 1986

For Office Use

Date Filed: _____
Fee Paid: _____
Receipt No: _____
Hearing Date: _____

PUBLIC NOTICES: *(Date)*
Published: _____
Mailed: _____

Appeal { Sustained: _____ Reversed: _____
Date: _____