



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

APPLICATION FOR CHANGE OF ZONE

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. TO THE CITY PLANNING COMMISSION Date _____
 CITY OF ALHAMBRA, CALIFORNIA
 2. Request is hereby made to change the zone of property located at: _____

(Street address or exterior boundaries)

3. and legally described as follows: _____

(Legal description may be attached separately if necessary)

4. Present Zoning: _____ Requested Zoning: _____

5. State the present use of the property within the proposed zone change boundaries: _____

6. The change of zone is requested for the following reasons: _____

File Number

<i>Office Use</i>

7. The granting of such zone change will be in the interests of public necessity, convenience, general welfare or good zoning practice by reason of the following: _____

8. Describe the original deed restrictions, if any, affecting the use of the property involved. Give the expiration date of these restrictions. (You may attach a copy of these restrictions after underscoring all appropriate items affecting this property.) _____

VERIFICATION

9.

STATE OF CALIFORNIA }
 COUNTY OF LOS ANGELES } ss.

I am an applicant of the above described request. I have read the foregoing Application, and know the contents thereof. I certify (or declare), under of perjury, *that the foregoing is true and correct.

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

(Signature)

Phone No. _____
(Mailing Address)

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

Revised February 1986

For Office Use

P/C ACTION	C/C ACTION
Date Filed: _____	Hearing Date: _____
Fee Paid: _____	Disposition { Approved <input type="checkbox"/>
Receipt No.: _____	{ Denied <input type="checkbox"/>
PUBLIC NOTICES: <small>(Date)</small>	Ordinance No.: _____
Published: _____	Effective Date: _____
Mailed: _____ Posted: _____	
Hearing Date: _____ Decision Date: _____	
Recommendation { Approval <input type="checkbox"/>	
{ Denial <input type="checkbox"/>	
Remarks: _____	

