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

APPLICATION FOR ZONING CLEARANCE

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. Address of Subject Property: _____

2. Name of Property Owner: _____

3. Name of Business Owner: _____

4. Name of Applicant: _____

   Phone Number: _____ ☐ Work ☐ Home

   Mailing Address: _____

5. Applicant is: (Check One):
   ☐ Property Owner
   ☐ Business Owner
   ☐ Contractor or other agent for owner

6. Name of Contact Person: _____
   (If Other Than Applicant)

   Phone Number: _____ ☐ Work ☐ Home

   Mailing Address: _____

7. Nature of Zoning Clearance Request:
   Check all appropriate boxes:
   ☐ Addition to single family dwelling
   ☐ One-story ☐ Two-story
   ☐ Addition to multiple family unit
   ☐ Sign review
   ☐ Commercial Addition
   ☐ Downtown Alteration
   ☐ Other: Please explain: _____

8. Applicant's signature:

   _____ Date: _____

This decision may be appealed to the Director within ten (10) days of the date of decision.

DO NOT WRITE BELOW LINE — OFFICE USE ONLY

Revised February 1986

Date Filed: _____
Fee Paid: _____
Receipt No.: _____
Received by: _____
Land Use Zone: _____

☐ Approved
☐ Denied
Date: _____
By: _____
Title: _____

Conditions of approval: _____

Reasons for Denial: _____