



PLANNING APPLICATION

CITY OF AZUSA
ECONOMIC AND COMMUNITY DEVELOPMENT DEPARTMENT
213 E. Foothill Boulevard, Azusa, California 91702
Call 626-812-5299 for appointments or information

GENERAL PROJECT INFORMATION

Project address:

Assessor's Parcel Number(s):

Parcel size:

Legal description:

Project Description:

Project Type (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Design Review | <input type="checkbox"/> Minor Use Permit* | <input type="checkbox"/> Minor Variance* |
| <input type="checkbox"/> Use Permit* | <input type="checkbox"/> Variance* | <input type="checkbox"/> Zone Change |
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Specific Plan | <input type="checkbox"/> Development Agreement |
| <input type="checkbox"/> Tentative Parcel Map | <input type="checkbox"/> Tentative Tract Map | <input type="checkbox"/> Temporary Use Permit* |
| <input type="checkbox"/> Other | * Supplemental Application is required. | |

APPLICANT INFORMATION

Name:

Company:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

E-Mail:

OWNER INFORMATION

Name:

Company:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

E-Mail:

I CERTIFY that the foregoing statements and information are true and correct and that any submitted material, statements or plan designs are correct to the best of my knowledge.

Applicant's signature _____ Date: _____

OWNERS AFFIDAVIT

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

I/WE _____ being duly worn,
depose and say that I am/we are the owner(s) of the property involved in this application and
that the foregoing statements and answers herein contained and the information herewith
submitted are in all respects true and correct to the best of my/our knowledge and belief(s).

Signature of Property Owner(s) – (Not Owner in Escrow or Lessee)

Print Name

Mailing Address

Telephone

Subscribed and sworn to before me,
this _____ day of _____, 20____
in and for the County of _____
State of _____

Notary Public

OFFICE USE ONLY

General Plan Designation: _____ Fees paid: _____

Zoning Designation: _____

Date submitted: _____

Case Number(s) _____

Accepted by: _____ Total: _____