



CITY OF EL MONTE

Community and Economic Development
Planning Division

Planning Application

- | | |
|---|--|
| <input type="checkbox"/> Change of Zone | <input type="checkbox"/> Specific Plan/Amendment |
| <input type="checkbox"/> Code Amendment | <input type="checkbox"/> Lot Division (Tentative Parcel Map) |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Time Extension |
| <input type="checkbox"/> Design Review | <input type="checkbox"/> Variance |
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Zoning Clearance |
| <input type="checkbox"/> General Plan Conf. Finding | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Initial Plan Review | |
| <input type="checkbox"/> Modification | |
| <input type="checkbox"/> Tentative Tract Map | |
| <input type="checkbox"/> Revision to Approved Plan | |

FOR PLANNING USE ONLY

Date Received: _____

Received By: _____

Assigned To: _____

Case No(s): _____

Receipt No. _____

Project Address: _____

Assessor's Parcel Number: _____ - _____ - _____

Zoning: _____ Lot Size: _____

Landscape Square Footage: _____

General Plan Designation: _____ Present Use of Property/Existing Improvements: _____

Applicant's Name: _____

Address: _____ Telephone Number: _____ Fax Number: _____

City: _____ Zip Code: _____ Email: _____

Contact Person: _____

Address: _____ Telephone Number: _____ Fax Number: _____

City: _____ Zip Code: _____ Email: _____

Property Owner's Name: _____

Address: _____ Telephone Number: _____ Fax Number: _____

City: _____ Zip Code: _____ Email: _____

Project Description: _____

Owner's Affidavit

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES) SS:

I/WE _____ BEING DULY SWORN, DEPOSE AND SAY, THAT I/WE AM/ARE THE OWNER (S) OF THE PROPERTY INVOLVED IN THIS PETITION, 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 KNOWLEDGE AND BELIEF.

Original wet signatures required.
Copies of signatures will not be accepted.

SIGNATURE: _____

ADDRESS: _____

CITY: _____

TELEPHONE: _____

SIGNATURE: _____

ADDRESS: _____

CITY: _____

TELEPHONE: _____

NOTE: This application must be signed by the same persons, and in the same manner as that in which title is held. Before signing, please examine your deed or title insurance policy.

Applicant's Signature

Date

Office Use

Date: _____ Received By: _____ File Number: _____

* The Application form being signed under penalty of perjury does not require notarization.

Updated 12/2021