



# CITY OF EL MONTE

Community and Economic Development  
Planning Division

## Entitlement 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"/>                                     |
| <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

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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.

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.

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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Office Use

Date: \_\_\_\_\_ Received By: \_\_\_\_\_ File Number: \_\_\_\_\_

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

Updated 2/2020