



CITY OF SOUTH GATE

COMMUNITY DEVELOPMENT DEPARTMENT PLANNING DIVISION

8650 CALIFORNIA AVENUE
SOUTH GATE, CA 90280
Phone: (323) 563-9526 Fax: (323) 567-0725

ZONE CHANGE APPLICATION

PROJECT INFORMATION			
Project Description:			
Project Address:			
Zoning:		Assessor's Parcel Number:	
Legal Description:			
PROPERTY OWNER INFORMATION			
Name of Owner:			
Mailing Address:			
City, State, Zip:			
Telephone:		Email:	

AUTHORIZED AGENT INFORMATION			
(This is the person who will be contacted regarding this application. This person will be named the applicant in all documents related to this application.)			
Name of Agent:			
Mailing Address:			
City, State, Zip:			
Telephone:		Email:	

<u>For Office Use Only</u>	
Date Received: _____	Received By: _____
Case Number: _____	

ZONE CHANGE APPLICATION

Owner's Affidavit

I, (We), _____, hereby declare, under the penalty of perjury, that I (we) am (are) the owner(s) of the property involved in this request located at _____, and identified as APN _____, or if the owner is a corporation or other entity, that I (we) am (are) duly authorized to execute this affidavit on behalf of said corporation or entity. I (we) further declares that the foregoing statements and the information submitted herewith are true and correct.

Signature: _____

Mailing Address: _____

Phone: _____

Signature: _____

Mailing Address: _____

Phone: _____

California All-Purpose Acknowledgment

State of California)
County of Los Angeles) ss.

On _____ before me, _____,
personally appeared _____

who proved to me on the basis of satisfactory evidence to be the person(s) whose names(s) is/are subscribed to the within instrument and acknowledgement to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PREJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

NOTE: This application must be signed by the property owner or authorized agent. If by authorized agent, a letter of authorization from the property owner must be filed with this application. An invalid signature would invalidate the requested procedure. If more than one person is involved in the ownership of the property being developed a separate pave must be attached to this application which lists the names, addresses and notarized signatures of all persons having an interest in the ownership of the property.

ZONE CHANGE APPLICATION

Findings of Fact

The following conditions and findings must be met before a **Zone Change** can be granted. Please indicate how the proposed meets these criteria. **Yes** or **No** Responses are not acceptable. Attach additional sheets as necessary.

1. What conditions warrant a revision of the Zoning land use designation to the property(ies) or area under consideration?

2. Will the reclassification of the property(ies) or area under consideration be in the interest of the public health, safety and general welfare?

3. Will the approval of this application be consistent with the goals, policies and objectives of the City's adopted General Plan?

4. How will you address concerns raised by the residents of the surrounding neighborhood? Do you plan to hold meetings or gatherings? If you have already met with neighboring business owners and residents, please include a summary of their comments and concerns.