



PLANNING APPLICATION

CITY OF AZUSA
ECONOMIC AND COMMUNITY DEVELOPMENT DEPARTMENT
213 E. Foothill Boulevard, Azusa, California 91702
www.ci.azusa.ca.us
PHONE 626-812-5289 FAX 626-334-5464

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"/> Code Amendment | <input type="checkbox"/> Massage Parlor Permit* | <input type="checkbox"/> RIMP |
| <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Temporary Use Permit* | <input type="checkbox"/> Accessory Dwelling Unit |
| <input type="checkbox"/> Preliminary Plan Review | <input type="checkbox"/> Special Event Permit | <input type="checkbox"/> Master Sign Program |
| <input type="checkbox"/> Tentative Parcel Map | <input type="checkbox"/> Tentative Tract Map | <input type="checkbox"/> Building Address |
| <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:

APPLICANTS SIGNATURE

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

I, _____, being duly sworn, depose and say that I am the owner 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 knowledge and belief.

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

Print Name _____

Mailing Address _____

Telephone _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of the document.

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

On _____ (Date) before me, _____ (Name & Title of Officer) personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person whose name I subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

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

WITNESS my hand and official seal

Signature

Signature of Notary Public



OFFICE USE ONLY	
General Plan Designation	
Zoning Designation	
Date Submitted	
Case Number(s)	
Accepted By	
Assigned Planner	