



City of Artesia
Community Development Department
 18747 Clarkdale Avenue
 Artesia, CA 90701 ● (562) 865-6262 ● Fax (562) 865-6240

(Please check all that apply)

APPLICATION FOR:

General Plan Amendment

Code Amendment

Zone Change

(For Departmental Use Only)

Case No: _____ Resolution No. _____ Hearing Date: _____

Fee \$: _____ Date Received _____ Receipt No: _____

Received By: _____

(Please Print or Type Legibly)

Name of Applicant: _____ Phone: _____

Mailing Address: _____
 (Street) (City) (State & zip code)

Legal (Property) Owner: _____ Phone: _____

Mailing Address: _____
 (Street) (City) (State & zip code)

Project Location: _____

Legal Description: _____
(Give exact legal description as recorded in the office of the County Recorder, may be attached separately)

Assessor's Parcel Number(s): _____

General Plan Land Use Designation: From: _____ To: _____
 (Existing Land Use Designation) (Proposed Land Use Designation)

Zoning Map Designation: From: _____ To: _____
 (Existing Map Designation) (Proposed Map Designation)

Reason for Request: _____

ZONE CHANGE

Please indicate why the zone change is requested by responding to the following statements:

1.) *Public necessity, convenience, or general welfare require the proposed zone change for the following reasons:*

2.) How does the proposed Amendment better serve the intent and purpose of the applicable sections of the General Plan and Zone Code of the City of Artesia governing property affected by the proposed Amendment?

3.) When will the property be developed?

4.) Are there any deed restrictions on the subject property that would prohibit any use permitted by said Zone Change/General Plan Amendment?

NO _____ YES _____ (If YES, attach data)

I (we) the undersigned, depose and state that I (we) am (are) the owner(s) of property as indicated below, and petition the Commission to include my (our) property within the change of Zone/General Plan.

<u>Signature</u>	<u>Address</u>	<u>Legal Description</u>	<u>Purchase Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(If additional space is required, please attach an additional sheet.)

IMPORTANT

Any false or misleading information shall be grounds for denying this application.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____
(Written authorization may be attached)

NOTE:

The accuracy of all information, maps, and lists that are submitted to the Community Development Department shall be the responsibility of the applicant. False or misleading information shall be grounds for denial of an application. Incomplete applications **WILL NOT** be accepted. Please go over the attached checklist carefully before submitting your application to the Community Development Department. Submittal deadlines are scheduled to ensure compliance with public notification requirements, and no extensions can be granted.

INSTRUCTIONS FOR APPLICATION SUBMITTAL:

It is essential that all of the following materials be submitted so that we may process your application:

- 1) **Completed Application** (signed by the applicant and the property owner, if different)
- 2) **Applicable Fees** (See Current Fee Schedule)
- 3) **Environmental Assessment Form:** To be completed by the applicant;
- 4) **300' Radius Map:** Clearly indicate all property owners within a 300-foot radius around the project site. Please number each parcel of land within the 300-foot radius so that it corresponds with the property owners' mailing list, which is described below (Item #5). Depending upon the type of use proposed, the Planning Department may also require the applicant to prepare a land use map that labels the use of each property within a 700-foot radius around the subject site (a field survey will be necessary to complete this map). A list of radius map services is attached for your convenience;
- 5) **Property Owners (Mailing Labels):** Mailing address labels shall be submitted along with the 300' Radius Map as described above (Item #4). The labels need to have the following information: property owner's name, street number, city, state, zip code, and Assessors Parcel Number. The mailing address labels shall include all property owners within a 300-foot radius of the project site and it must also correspond with the radius map as described above (Item #4). In addition, please attach one (1) Xerox copy of the mailing address labels. The source of reference for the property owner list shall be from the latest available assessment roll of Los Angeles County.
- 6) **Notarized Affidavit:** the person who draws the 300' radius map (Item #4) and prepares the property owners mailing labels (Item #5) must also sign an affidavit, which must be notarized. This affidavit certifies the property owners= list. The document is attached to this application packet;
- 7) **Any other requirements deemed necessary by staff.**

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CERTIFIED PROPERTY OWNERS' LIST AFFIDAVIT

City of Artesia)
County of Los Angeles) ss
State of California)

I, _____, hereby certify that the attached list contains the names and addresses as they appear on the latest available assessment roll of the County of Los Angeles within the area described and for a distance of three hundred (300) feet from the exterior boundaries of the property legally described as:

Signature of Applicant: _____ Date: _____

Subscribed and sworn before me this _____ day of _____, 20 _____

Notary Public: _____