

APPLICATION FOR ZONE CHANGE

City of La Habra Planning Department 110 East La Habra Blvd., La Habra Ca 90631 Phone: (562) 383-4100 Fax: (562) 383-4476

Office	Use On	ly
ZC		_

APPLICANT	Property Owner (s) mailing address Name Address Phone: Home () Work ()	Person to be contacted other than the property owner Name Address Phone () () E-mail	
	E-mail	E-mailAffiliation	
_[Location of Property:		
INFORMATION	Legal Description of Property: Tract No	Lot Noor Attached ()	
INF	Assessors Parcel Number:		
ŀ		Present Zoning	
EST	Zone Change Requested for Subject Property		
REQUEST	From To		
	STATE OF CALIFORNIA COUNTY OF		
AFFIDAVIT	I, (We), being duly sworn, on this petition and that the statements and answers herein contained and the best of my (our) knowledge.	depose and say that I am (we are) the owner (s)* of the property involved are information herewith submitted are in all respects true and correct to the	
IERS /	SIGNED		
N O N	SIGNED		
PROPERTY OWN	Subscribed and sworn to (or affirmed) before me on this	day of20	
	A notary public in and for said County and State		
	*Power of attorney must accompany affidavit if signed by other than the actual owner of record.		