



City of La Puente

15900 E. Main Street, La Puente, CA 91744 Telephone (626)855-1500 Fax (626)961-4626

ZONE CHANGE APPLICATION

NOTICE TO ALL APPLICANTS

In order for City Staff to expeditiously process your application and avoid processing delays, it is imperative that your application, plans, and/or other requested attachments are complete and that all requested information is submitted. A complete description of the required materials is contained in the application. Please check the following items that have been included with the application:

- | | |
|---|--------------------------|
| Completed application with notarized signatures | <input type="checkbox"/> |
| Zone Change Review/GPA application fee & deposit | <input type="checkbox"/> |
| Completed Environmental Information Form | <input type="checkbox"/> |
| 500' radius vicinity map, if applicable
(see Chapter 10.116 of La Puente Municipal Code) | <input type="checkbox"/> |
| List of property owners within the 500' radius, if applicable
(see Chapter 10.116 of La Puente Municipal Code) | <input type="checkbox"/> |
| Two (2) sets of stamped envelopes w/addresses of
all property owners within the 500' radius, if applicable
(see Chapter 10.116 of La Puente Municipal Code) | <input type="checkbox"/> |
| Recorded copy of the deed or title report | <input type="checkbox"/> |
| Architectural drawings, plans (optional) | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> |

The Planning Commission meets on the first Tuesday of every month at 7:00 p.m. Applications are not scheduled until the application has been determined to be complete. Planning Department personnel are available between 7:30 a.m. and 5:30 p.m., Monday thru Thursday and between 7:30 a.m. until 4:30 p.m. on alternating Fridays to answer any questions you may have or to receive your application for filing. It is recommended that you make an appointment with a planner if you wish to discuss your application.

Please sign and include this sheet with the filling of your application.

Applicant/Authorized Agent

CITY OF LA PUENTE APPLICATION FOR CHANGE OF ZONE

File No. _____
Date _____
Env. Status _____

To the Planning Commission and City Council

Pursuant to Chapter 10.112, Title 10 of the La Puente Municipal Code, I/we, the owners of real property, or authorized representative(s), hereby petition, in writing, for a Zoning Code Text or Zoning Map Amendment/Change of Zone as set forth in the La Puente Municipal Code, as specified below on property legally described as (exact legal description):

From _____ zone classification to _____ zone classification

Address of the property involved: _____

The present use of the property: _____

Zone of the property _____ General Plan Designation: _____

Site Area: _____ Square Feet _____ Acres (net)

Number of lots: _____

State the reason(s) the Zoning Code Text or Zoning Map Amendment/Change of Zone is being requested:

APPLICANT INFORMATION

Name: _____

Applicant's Address: _____

City State Zip

Daytime Phone Number: (_____) _____

Email: _____

PROPERTY OWNER INFORMATION

Name: _____

Applicant's Address: _____

City State Zip

Phone Number: (_____) _____

Email: _____

ARCHITECT/ENGINEER INFORMATION

Name: _____

Applicant's Address: _____

City State Zip

Daytime Phone Number: (_____) _____

Email: _____

CITY OF LA PUENTE

REQUIREMENTS FOR FILING A

ZONE CHANGE/AMENDMENT

1. **APPLICATION FORM.** Each question must be answered completely. The application must be signed by the property owner and notarized before a Notary Public. The written consent of all property owners of the property(ies) for which the application is being filed must sign or otherwise authorize their consent to the filing.
2. **FILING FEE & DEPOSIT.** The Municipal Code requires that a filing fee plus a deposit to cover processing costs (the actual staff hours are charged against the deposit) be paid at the time of filing the application. The filing fee is not refundable. Unencumbered portions of the deposit will be refunded to the applicant.
3. **VICINITY MAP.** A vicinity map showing each lot within 500 feet of the exterior boundaries of the property under consideration must accompany the application. The map must be drawn accurately and at a scale of 1" = 200'. Each lot must be consecutively numbered to correspond to the names on the property owner list (as explained below). Base maps may be obtained from the City Planning Department.
4. **PROPERTY OWNER LIST.** The identifying numbers on the vicinity map must also be included on a list of property owners and their addresses printed individually on self-adhesive mailing labels. The list must contain the names and addresses of the property owners identified as being within 500 feet of the exterior boundaries of the property under consideration. The names of property owners may be secured from the County Assessor, East District Office, 1190 Durfee Avenue, South El Monte, California. Private companies also provide this service.
5. **STAMPS.** One self-adhesive U.S. postage stamp for each the property owners identified on vicinity map must be submitted with the application. The stamps will be used to mail the public hearing notification to each owner.
6. **ARCHITECTURAL DRAWINGS, PRECISE PLOT PLANS (OPTIONAL).** Three (3) copies of precise plot plans, drawings or similar materials, at a scale large enough to illustrate the various matters relating to the application, although not required, may be helpful and are recommended for exhibition purpose.
7. **PHOTOGRAPHS.** The applicant may submit photographs (as shown on the attached photographic map) of the subject property including the adjacent properties and areas of the addition or development.
8. **ADDITIONAL REQUIREMENTS.** The Planning Department reserves the right to request any additional plans and/or information that it feels is necessary for the public's understanding of the proposed amendment.

**REQUIRED FINDINGS BEFORE A ZONING CODE AMENDMENT/ZONE CHANGE
MAY BE GRANTED**

Pursuant to Section 10.112.060.B of the La Puente Municipal Code, the review authority may approve a Zoning Code or Map application only after first making all of the following findings:

1. The proposed amendment is consistent with the General Plan and any applicable specific plan(s).
2. For Zoning Code Amendments only, the proposed amendment is internally consistent with other applicable provisions of this Zoning Code.
3. For Zoning Map Amendments only, the affected site is physically suitable in terms of design, location, shape, size, operating characteristics, and the provision of public and emergency vehicle (e.g., fire and medical) access and public services and utilities (e.g., fire protection, police protection, potable water, schools, solid waste collection and disposal, storm drainage, wastewater collection, treatment, and disposal, etc.), to ensure that the requested zoning designation and the proposed or anticipated uses and/or development will not endanger, jeopardize, or otherwise constitute a hazard to the property or improvements in the vicinity in which the property is located.

APPLICANT AFFIDAVIT

_____, _____, being duly sworn, depose and declare to the best of
(I, We) (Applicant's Name)

_____ knowledge that the foregoing is true and correct under the penalty of perjury:
(my, our)

Executed at _____
Address City State

Zip
Date _____
Month Day Year

APPLICANT(S) AUTHORIZED AGENT(S):

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

_____ Print Name	_____ Print Name
_____ Signature	_____ Signature

State of California

County of _____

Subscribed and sworn to (or affirmed) before me on this ____ day of _____ 20____,
by (1)_____, proved to me on the basis of satisfactory
evidence to be the person who appeared before me (.) (,) and
(2)_____, proved to me on the basis of satisfactory evidence to
be the person who appeared before me.

Notary Public

Place Notary Seal Below

PROPERTY OWNER'S AFFIDAVIT

_____, _____, being duly sworn, depose and declare to the best of
(I, We) (Applicant's Name)

_____ knowledge that the foregoing is true and correct under the penalty of perjury:
(my, our)

Executed at _____
Address City State

Zip

Date _____
Month Day Year

PROPERTY OWNER(S) AUTHORIZED AGENT(S):

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

Print Name

Print Name

Signature

Signature

State of California

County of _____

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ACKNOWLEDGEMENT OF BURDEN OF PROOF

TO ALL APPLICANTS FOR DEVELOPMENT AND SIGN PERMITS, UNCLASSIFIED USE PERMITS, TENTATIVE PARCEL, OR SUBDIVISION MAPS, CHANGE OF ZONE, GENERAL PLAN AMENDMENT, SPECIFIC PLAN, OR VARIANCE.

The employees of the Planning Department and Building Department have been instructed to give every possible assistance to anyone who desires to avail himself of the remedies provided by the Code in special zoning problems involving any of the procedures mentioned.

Such assistance, however, MUST NOT be interpreted as encouragement to the applicant, and THE APPLICANT MUST UNDERSTAND THAT IN ALL CASES THE BURDEN OF PROOF IS UPON HIM TO MAKE THE SHOWING NECESSARY before any of the described petitions can be granted, and that there is no guarantee expressed or implied that any application will be granted whatever agency that has authority in the matter.

The applicant must understand also that each matter must be carefully investigated and that after the investigation has been made, or the public hearing has been held, the Staff's recommendation or decision may be contrary to the position taken in the preliminary discussions.

The staff is NOT PERMITTED to assist the applicant or any opponents to an application in preparing arguments for or against the request.

I have read the foregoing and understand that I HAVE THE BURDEN OF PROOF in the matter arising under the application made by me.

Date

APPLICANT: _____
Print or type name

Signature

Address

City

State

Zip

Application No. _____



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ENVIRONMENTAL INFORMATION FORM

(To be completed by applicant)

Date filed: _____

File No: _____

GENERAL INFORMATION

1. Name and address of developer or project sponsor: _____

2. Address or location of project: _____

Assessor's Map Book, Page and Parcel Number(s): _____

3. Name(s), address(es), and telephone number(s), of person(s) to be contacted concerning this project:

4. Type of permit applied for: _____

5. List and describe any other related permits and other public approvals required for this project, including those required by city, regional, state and federal agencies: _____

6. Existing zoning district: _____

7. Proposed use of site (project for which this form is filed); _____

PROJECT DESCRIPTION (attach additional sheets if necessary)

8. Site size: _____

9. Square footage of buildings: _____

10. Number of floors on construction: _____

11. Amount of off-street parking provided: _____

12. Proposed scheduling: _____

13. Associated projects: _____

14. Anticipated incremental development:

15. If residential, include the number of units, schedule of unit sizes, range of sales price or rents and type of household sizes expected:

16. If commercial, indicate the type (whether neighborhood, city or regionally-oriented), square footage of building area and loading facilities:

17. If industrial, describe type, estimated employment per shift and loading facilities:

18. If institutional, indicate the major function, estimated employment per shift, estimated occupancy, loading facilities and community benefits to be derived from the project:

19. If the project involves a variance, conditional use permit, zone change, General Plan or municipal code amendment or specific plan application, state why the application is needed:

20. What utilities are available to the project site?

Are the following items applicable to the project or its effects? Discuss below all items checked yes (attach additional sheets if necessary).

YES	NO	
_____	_____	21. Change in existing features of any hills, or substantial altering of ground contours?
_____	_____	22. Change in scenic views or vistas from existing residential areas or public lands or roads?
_____	_____	23. Change in pattern, scale or character of general area of project?
_____	_____	24. Significant amounts of solid waste or litter?
_____	_____	25. Change in dust, ash, smoke, fumes or odor in vicinity?
_____	_____	26. Change in ground water quality or quantity, or alteration of existing drainage patterns?
_____	_____	27. Substantial change in existing noise or vibration levels in the vicinity?
_____	_____	28. Site on filled land or on slope of 10 percent or more?
_____	_____	29. Use or disposal of potentially hazardous materials, such as toxic substances, flammable, or explosives?
_____	_____	30. Substantial change in demand for municipal services (police, fire, water, sewage, etc.)?

- _____ 31. Substantial increase fossil fuel consumption (electricity, oil, natural gas, etc.)?
- _____ 32. Relationship to a larger project or series of projects?
- _____ 33. Has a prior environmental impact report been prepared for a program, plan, policy or ordinance consistent with this project?
- _____ 34. If you answered yes to question 33, may this project cause significant effects on the environment that were not examined in the prior EIR?

ENVIRONMENTAL SETTING

35. Describe the project site as it exists before the project, including information on topography, soil stability, plants and animals, and any cultural, historical or scenic aspects. Describe any existing structures on the site, and use of the structures. Attach photographs of the site. Snapshots or Polaroid photos will be accepted.

36. Describe the surrounding properties, including information on plants and any cultural, historical or scenic aspects. Indicate the type of land use (residential, commercial, etc.), intensity of land use (one-family, apartment houses, shops, department stores, etc.). Attach photographs of the vicinity.

37. Attach plans showing all existing and/or proposed development.

CERTIFICATION:

I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

Date

Signature