



# APPLICATION FOR A SPECIFIC PLAN (NEW/AMENDMENT)

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 Only  
SP \_\_\_\_\_  
SPA \_\_\_\_\_

APPLICANT

|                                                                                                                                                                      |                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Property Owner (s) mailing address</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone: Home ( ) _____</p> <p>Work ( ) _____</p> <p>E-mail _____</p> | <p>Person to be contacted other than the property owner</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone ( ) _____</p> <p>( ) _____</p> <p>E-mail _____</p> <p>Affiliation _____</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

INFORMATION

Location of Property: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_ Tract No. \_\_\_\_\_ Lot No. \_\_\_\_\_ or Attached ( ) \_\_\_\_\_

Assessors Parcel Number: \_\_\_\_\_

Present Zoning \_\_\_\_\_ Present General Plan Designation \_\_\_\_\_

REQUEST

Explanation of Proposal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROPERTY OWNERS AFFIDAVIT

STATE OF CALIFORNIA  
COUNTY OF \_\_\_\_\_

I, (We) \_\_\_\_\_, being duly sworn, depose and say that I am (we are) the owner (s)\* of the property involved in this petition and that the statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my (our) knowledge.

SIGNED \_\_\_\_\_

SIGNED \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_

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.

### FOR OFFICE USE ONLY:

Application and Fee Received By \_\_\_\_\_ Date \_\_\_\_\_