



APPLICATION FOR ADMINISTRATIVE ADJUSTMENT

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

Action # AA _____

Property Owner Name _____ Address _____ _____ Phone: Home () _____ Work () _____ Fax () _____ E-mail _____	Name of Representative Name _____ Address _____ _____ Phone () _____ Fax: () _____ E-mail _____
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Location of Property _____
Legal Description of Property _____ Tract No. _____ Lot No. _____ or See Attached Legal Description
Assessors Parcel Number _____

Explanation of Proposal:

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.

PROPERTY OWNERS SIGNATURE _____

Name: _____
Date: _____

FOR OFFICE USE ONLY:

Application and Fee received by _____
Date _____ Amount \$ _____