



APPLICATION FOR MISCELLANEOUS PLANNING ACTIONS

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

Action #

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 _____

Check One:

<input type="checkbox"/> Staff Research	<input type="checkbox"/> Transportation Demand Mgmt. Plan (Staff Review)
<input type="checkbox"/> Zoning Verification Letter	<input type="checkbox"/> Transportation Demand Mgmt. Plan (Commission)
<input type="checkbox"/> Continuance (Applicant)	<input type="checkbox"/> Planning Commission Interpretation
<input type="checkbox"/> Continuance (Staff)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Covenants, Conditions and Restrictions	

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 \$ _____