



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 Only ZC _____

APPLICANT

Property Owner (s) mailing address

Name _____
Address _____

Phone: Home () _____
Work () _____
E-mail _____

Person to be contacted other than the property owner

Name _____
Address _____

Phone () _____
() _____
E-mail _____
Affiliation _____

INFORMATION

Location of Property: _____
Legal Description of Property: Tract No. ____ Lot No. ____ or Attached ()
Assessors Parcel Number: _____
Present Use _____ Present Zoning _____

REQUEST

Zone Change Requested for Subject Property

From _____
To _____

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.

