



**APPLICATION FOR PLANNED UNIT DEVELOPMENT**

City of La Habra Planning Department  
 201 East La Habra Blvd., P.O. Box 337, La Habra Ca 90633-0337  
 Phone: (562) 905-9724 Fax: (562) 905-9643

Office Use Only  
 PUD 16-03  
 PCM \_\_\_\_\_

APPLICANT

Property Owner (s) mailing address Name <u>PAUL HUNG KHA</u> Address <u>19321 HICKORY LN</u> <u>HUNTINGTON BEACH, CA 92646</u> Phone: Home ( ) _____ Work (714) <u>943-4912</u> Fax ( ) _____ E-mail <u>PAULHUNGKHA@GMAIL.COM</u>	Person to be contacted other than the property owner Name <u>JENNIFER NGUYEN</u> Address <u>1473 MONTGOMERY ST</u> <u>TUSTIN, CA 92782</u> Phone (949) <u>510-8258</u> Fax: ( ) _____ E-mail <u>JENNIFER.X.NGUYEN@GMAIL.COM</u> Affiliation <u>PROJECT MANAGER</u>
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INFORMATION

Location of Property 218 W. MOUNTAIN VIEW AVE, LA HABRA

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

Assessors Parcel Number 298-091-13

Present Use RESIDENTIAL Present Zoning R4

REQUEST

State what is intended to be done with the property, including \_\_\_\_\_

Size of parcel 8,782SQFT Density per Acre Under 10,000 sqft, 2,350sqft per unit

Number of Buildings 1 Number of Units (by type) 3

PROPERTY OWNERS AFFIDAVIT

STATE OF CALIFORNIA )  
 COUNTY OF ORANGE ) SS.  
 CITY OF LA HABRA )

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness, accuracy, or validity of that document.

I, (We) Paul Hung Kha, 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 and belief and that I (we) have the intention to proceed with the actual construction work in accordance with these plans within twelve (12) months from the date of granting of the Planned Unit Development Permit and understand that this Planned Unit Development Permit if granted, becomes null and void if I (we) do not proceed with the actual construction work in accordance with these plans within twelve (12) months from the granting of this Planned Unit Development Permit.

SIGNED [Signature]  
 SIGNED \_\_\_\_\_

Subscribed and sworn to before me this 22 day of JUNE 2016

[Signature]  
 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.

OVER

Please Type or Print

The City Planning Commission and City Council are required to make a "Finding of Fact", based upon the following findings and answers and such other evidence as may be established at a public hearing. Granting of the request is dependent upon proof that all four conditions have been met. In your explanation of proposal in the space below or on an attached sheet, please respond to these findings.

REQUIRED FINDINGS

- A. That the granting of such Planned Unit Development Permit will not be detrimental to the public welfare or injurious to the property or improvements in such vicinity in which the property is located.
- B. That the granting of the Planned Unit Development Permit will not adversely affect the Comprehensive General Plan.
- C. That no deed restrictions or easements prohibit the proper use of the Planned Unit Development Permit in question.
- D. That the standards of the development applicable to the Planned Unit Development are subject to all of the standards of the appropriate zone which would permit the requested land use.

EXPLANATION OF PROPOSAL

PROPERTY OWNER PROPOSES TO BUILD 1 BUILDING OF 3 APARTMENT UNITS. THE UNITS WILL BE APPROXIMATELY 1,062 SQFT EACH OF LIVING SPACE, 2 BEDROOM, 2.5 BATH. THE PROPOSED PLAN IS WITHIN CITY ORDINANCES AND DOES NOT REQUIRE THE APPLICATION OF ANY VARIANCES. THE PROPOSED PLAN WILL NOT BE DETRIMENTAL TO THE PUBLIC WELFARE OR INJURIOUS TO THE PROPERTY OR IMPROVEMENTS IN SUCH VICINITY IN WHICH THE PROPERTY IS LOCATED. THE PROPOSED PLAN WILL NOT ADVERSELY AFFECT THE COMPREHENSIVE GENERAL PLAN. THERE ARE NO DEED RESTRICTIONS OR EASEMENTS PROHIBITING THE PROPER USE OF THE PUD. THE STANDARDS OF DEVELOPMENT APPLICABLE TO THE PUD WILL BE SUBJECT TO ALL OF THE STANDARDS OF THE APPROPRIATE ZONE.

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NOTICE

Approval of your plot plan and specifications are subject to all conditions and requirements which may be imposed by the City of La Habra Planning Commission and City Council. The approval of your plans and specifications SHALL NOT be held to permit or approve any omission or deviation from, or any violation of the provisions of any city codes or ordinances or state laws, except for the above specifically approved conditions of the Planned Unit Development Permit for this parcel.

FOR OFFICE USE ONLY

Application and Fee Received By DAVID LOPEZ Date 6/22/16

Amount \$ \_\_\_\_\_

# CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

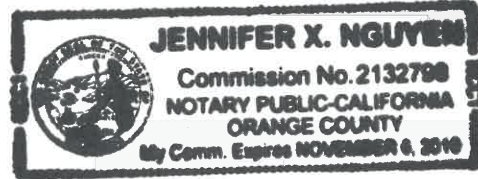
County of ORANGE }

On 06/22/16 before me, PAUL HUNG KHA,  
(Here insert name and title of the officer)

personally appeared JENNIFER NGUYEN,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.



*[Handwritten Signature]*

Notary Public Signature

(Notary Public Seal)

## ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

\_\_\_\_\_

(Title or description of attached document)

\_\_\_\_\_

(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

CAPACITY CLAIMED BY THE SIGNER

Individual (s)

Corporate Officer

\_\_\_\_\_ (Title)

Partner(s)

Attorney-in-Fact

Trustee(s)

Other \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THIS FORM

*This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.