



APPLICATION FOR ZONE CHANGE

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
ZC _____

APPLICANT

Property Owner (s) mailing address Name _____ Address _____ _____ Phone: Home () _____ Work () _____ Fax () _____ E-mail _____	Person to be contacted other than the property owner Name _____ Address _____ _____ Phone () _____ Fax: () _____ 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 ORANGE
CITY OF LA HABRA

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 before me on this _____ day of _____ 20 _____

by _____ proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

*Power of attorney must accompany affidavit if signed by other than the actual owner of record.

