



# APPLICATION FOR ZONE VARIANCE

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  
www.lahabracity.com

Office Use Only

ZV \_\_\_\_\_

APPLICANT

**Property Owner(s)** (use mailing address)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

**Representative** (acting on behalf of the property owner(s))

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

CONTACT

Send all **short-term** correspondence to: Property Owner ( ) Representative ( )

Send all **long-term** correspondence to: Property Owner ( ) Representative ( )

INFORMATION

Location of Property \_\_\_\_\_

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

Assessors Parcel Number \_\_\_\_\_

Present Use \_\_\_\_\_ Present Zoning \_\_\_\_\_

REQUEST

Please state what is intended to be done with the property which does not comply with the provisions of the Zoning code:

\_\_\_\_\_  
\_\_\_\_\_

PROPERTY OWNERS AFFIDAVIT

STATE OF CALIFORNIA )  
COUNTY OF ORANGE ) ss.  
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 and belief and that I (we) have the intention to proceed with the actual construction work in accordance with these plans within one (1) year from the date of granting of the Zone Variance and understand that this Zone Variance if granted, becomes null and void if I (we) do not proceed with the actual construction work in accordance with these plans within one (1) year from the granting of this Zone Variance.

SIGNED \_\_\_\_\_

SIGNED \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
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

REQUIRED FINDINGS

The law states that no Variances shall be granted which would have the affect of granting a special privilege not shared by other property owners in the same zone or vicinity. Answers to these findings are essential. In your explanation of the proposal in the spaces below or on an attached sheet, please respond to these findings.

- A. That there are exceptions or extraordinary circumstances or conditions applicable to the property involved or the intended use of the property that do not apply generally to the property or class of use in the same zone or vicinity.
- B. That the granting of such Variance will not be materially detrimental to the public welfare or injurious to the property or improvements in such area or vicinity in which the property is located
- C. That such Variance is necessary for the preservation and enjoyment of a substantial property right of the applicant possessed by other property owners in the same zone or vicinity.
- D. That the granting of such Variance will not adversely affect the Comprehensive General Plan.

EXPLANATION OF PROPOSAL

Please explain what exceptional or extraordinary circumstances or conditions apply to your property.

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NOTICE

Approval of your plot plans and specifications are subject to all conditions and requirements which may be imposed by the City of La Habra Planning Commission and/or City Council.

The approval of your plot 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 requested Conditional Use under a section of the City of La Habra Zoning Code.

**FOR OFFICE USE ONLY:**

Application and Fee Received By \_\_\_\_\_ Date \_\_\_\_\_

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