

MASTER LAND USE PERMIT APPLICATION

LOS ANGELES CITY PLANNING DEPARTMENT

Planning Staff Use Only

ENV No.	Existing Zone	District Map
APC	Community Plan	Council District
Census Tract	APN	Staff Approval *
		Date

* Approval for Filing by Community Planning or Division of Land Staff, When Applicable

CASE No. _____

APPLICATION TYPE _____
(zone change, variance, conditional use, tract/parcel map, specific plan exception, etc.)

1. PROJECT LOCATION AND SIZE

Street Address of Project _____ Zip Code _____

Legal Description: Lot _____ Block _____ Tract _____

Lot Dimensions _____ Lot Area (sq. ft.) _____ Total Project Size (sq. ft.) _____

2. PROJECT DESCRIPTION

Describe what is to be done: _____

Present Use: _____ Proposed Use: _____

Plan Check No. (if available) _____ Date Filed: _____

Check all that apply:

<input type="checkbox"/> New Construction	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Alterations	<input type="checkbox"/> Demolition
<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential	

Additions to the building:

<input type="checkbox"/> Rear	<input type="checkbox"/> Front	<input type="checkbox"/> Height	<input type="checkbox"/> Side Yard
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3. ACTION(S) REQUESTED

Describe the requested entitlement which either authorizes actions **OR** grants a variance:

Code Section from which relief is requested: _____ Code Section which authorizes relief: _____

Code Section from which relief is requested: _____ Code Section which authorizes relief: _____

Code Section from which relief is requested: _____ Code Section which authorizes relief: _____

Code Section from which relief is requested: _____ Code Section which authorizes relief: _____

List related or pending case numbers relating to this site:

SIGNATURES of adjoining or neighboring property owners in support of the request; not required but helpful, especially for projects in single-family residential areas. (Attach sheet, if necessary)

NAME (Print)	SIGNATURE	ADDRESS	KEY # ON MAP

4. OWNER/APPLICANT INFORMATION

Applicant's Name _____ Company _____

Address: _____ Telephone: () _____ Fax: () _____
 _____ Zip: _____ E-mail: _____

Property Owner's Name (if different than applicant) _____

Address: _____ Telephone: () _____ Fax: () _____
 _____ Zip: _____ E-mail: _____

Contact Person for project Information _____

Address: _____ Telephone: () _____ Fax: () _____
 _____ Zip: _____ E-mail: _____

5. APPLICANT'S AFFIDAVIT

Under penalty of perjury the following declarations are made:

- a. The undersigned is the owner or lessee if entire site is leased, or authorized agent of the owner with power of attorney or officers of a corporation (submit proof). (NOTE: for zone changes lessee may not sign).
- b. The information presented is true and correct to the best of my knowledge.

Signature: _____ Subscribed and sworn before me this (date): _____

Print: _____ In the County of _____ State of California

Date: _____ **Notary Public** _____

Stamp:

7. ADDITIONAL INFORMATION/FINDINGS

In order for the City to render a determination on your application, additional information may be required. Consult the appropriate "Special Instructions" handout. Provide on attached sheet(s) this additional information using the hand-out as a guide.

NOTE: All applicants are eligible to request a one time, one-year only freeze on fees charged by various City departments in connection with your project. It is advisable only when this application is deemed complete or upon payment of Building and Safety plan check fees. Please ask staff for details or an application.

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Base Fee	Reviewed and Accepted by	Date
Receipt No.	Deemed Complete by	Date