

CITY OF SIGNAL HILL  
2175 Cherry Avenue, Signal Hill, CA 90755  
(562) 989-7340  
(This form must be completed in full. Please print.)

Date Submitted: \_\_\_\_\_

Deposit Received: \_\_\_\_\_

**Application for:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Site Plan & Design Review | <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Zoning Ord. Amendment |
| <input type="checkbox"/> Tentative Tract Map       | <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Lot Merger            |
| <input type="checkbox"/> Zone Change               | <input type="checkbox"/> Tentative Parcel Map   | <input type="checkbox"/> Variance              |
| <input type="checkbox"/> Lot Line Adjustment       | <input type="checkbox"/> House Moving           | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Appeal                    |   |  |

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Application Fee(s):	_____	_____
Environmental Fee(s):	_____	_____
Miscellaneous Fee(s):	_____	_____
TOTAL FEE(S):	_____	_____

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Describe in detail the nature of the request, including but not limited to, type of use, building type, hours of operation and design concept. Attach additional pages if necessary.

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Zoning District: \_\_\_\_\_

Property Address/Location: \_\_\_\_\_

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Legal Description: \_\_\_\_\_

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Property Owner(s): \_\_\_\_\_ Authorized Agent: \_\_\_\_\_

\_\_\_\_\_ Signature: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Email Address\*: \_\_\_\_\_

\_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Telephone: \_\_\_\_\_

\* A copy of your staff report may be transmitted via email upon request.

## REQUEST FOR HEARING

*(All required information must be provided or application will be deemed incomplete.)*

### I. Applicant

A. Name: \_\_\_\_\_

B. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

C. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

D. Email: \_\_\_\_\_

E. Indicate under what capacity you are filing (please circle one):

a. The recorded owner or purchaser of the property as of \_\_\_\_\_ (date).

b. Tenant as of \_\_\_\_\_ (date).

c. An authorized agent (written authorization must be attached). Name of person or organization for whom you are an agent:  
\_\_\_\_\_

### II. Property

A. Complete address of property: \_\_\_\_\_

B. Legal description\*: \_\_\_\_\_

a. \*Include lot or parcel number, block, tract or parcel map number.

b. Attach copy of a grant deed or title report.

C. Assessor's Parcel Number: \_\_\_\_\_.

D. Deed or tract restriction(s) on the property: \_\_\_\_\_

E. Easement(s) on the property: \_\_\_\_\_

F. Said easement(s) will expire on \_\_\_\_\_ (date).

G. Property Owner Name(s): \_\_\_\_\_

H. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

I. Telephone: \_\_\_\_\_

Note: See Information Sheet Before Answering the Following Questions

**III. Request**

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**IV. Justification**

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

*(Attach a supplemental sheet if necessary)*

**V. Documentation**

A. A site plan and/or vicinity map and pictures of this property are attached and made a part of this request for public hearing. See instruction sheet for number and types of plans required. *(Pictures are optional.)*

B. Signatures of property owners:

I (we), the undersigned owner(s) of the property legally described in this request for public hearing, hereby authorize the aforesaid applicant to act as my (our) agent in this zone change request.

1. \_\_\_\_\_

2. \_\_\_\_\_

*(attach a supplemental sheet if necessary)*

**VI. Affidavit of Statement (signature(s) must be notarized)**

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**



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 \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_,  
*Date Here Insert Name and Title of the Officer*

personally appeared \_\_\_\_\_  
*Name(s) of Signer(s)*

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.

Signature \_\_\_\_\_  
*Signature of Notary Public*

*Place Notary Seal Above*

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

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

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

Corporate Officer — Title(s): \_\_\_\_\_

Partner —  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

Corporate Officer — Title(s): \_\_\_\_\_

Partner —  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

**VII. Not in Scope**

I hereby acknowledge that in making this request, I have not relied upon any statement of any member of the City of Signal Hill staff as indicating that this request for public hearing will be favorably acted upon.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name (please print)

**VIII. Time of Hearing**

The act of submitting a REQUEST FOR HEARING application form for a Zoning Code Amendment, Variance or Conditional Use Permit, and paying the necessary fees does not constitute the legal filing of an application until verified by the Director of Community Development, or a person delegated by him, as to the accuracy and completeness of the application.

Such verification shall be made within thirty (30) days of the submittal of such application. Said date of verification shall be noted on the REQUEST FOR HEARING application form. All times for hearings shall begin from the certification date for all such hearings.

**IX. Owner's Affidavit of Statement (signature(s) must be notarized)**

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**



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Partner —  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

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Signer's Name: \_\_\_\_\_

Corporate Officer — Title(s): \_\_\_\_\_

Partner —  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_