



**CITY OF EL MONTE**  
Economic Development Department  
Planning Division

**ENTITLEMENT APPLICATION**

- |                            |                                     |
|----------------------------|-------------------------------------|
| Change of Zone             | Tentative Tract Map                 |
| Code Amendment             | Revision to Approved Plan           |
| Conditional Use Permit     | Specific Plan/Amendment             |
| Design Review              | Lot Division (Tentative Parcel Map) |
| General Plan Amendment     | Time Extension                      |
| General Plan Conf. Finding | Variance                            |
| Initial Plan Review        | Zoning Clearance                    |
| Modification               |                                     |

**FOR PLANNING USE ONLY**

Date Received: \_\_\_\_\_  
 Received By: \_\_\_\_\_  
 P.C. Hearing Date: \_\_\_\_\_  
 Case No(s): \_\_\_\_\_  
 \_\_\_\_\_  
 Receipt No. \_\_\_\_\_

Project Address: \_\_\_\_\_ Assessor's Parcel Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Zoning: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Landscape Square Footage: \_\_\_\_\_

General Plan Designation: \_\_\_\_\_ Present Use of Property/Existing Improvements: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Project Description: \_\_\_\_\_

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

Owner's Affidavit

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STATE OF CALIFORNIA )  
COUNTY OF LOS ANGELES) SS:

I/WE \_\_\_\_\_ BEING DULY SWORN, DEPOSE AND SAY, THAT I/WE AM/ARE THE OWNER (S) OF THE PROPERTY INVOLVED IN THIS PETITION, AND THAT THE FOREGOING STATEMENTS AND ANSWERS HEREIN CONTAINED AND THE INFORMATION HEREWITH SUBMITTED, ARE IN ALL RESPECTS TRUE AND CORRECT TO THE BEST OF KNOWLEDGE AND BELIEF.

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NOTE: This application must be signed by the same persons, and in the same manner as that in which title is held. Before signing, please examine your deed or title insurance policy.

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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Office Use

Date: \_\_\_\_\_ Received By: \_\_\_\_\_ File Number: \_\_\_\_\_

\* The Application form being signed under penalty of perjury does not require notarization.

Updated 6-2016