



# ZONING PERMIT APPLICATION



This application must be submitted in person. For a submittal appointment, call 213-974-6438.

### THIS SECTION - STAFF USE ONLY

Plan:	_____	Code Section	Project No.	_____
Zone:	_____		Permit No.	_____
CSD:	_____			_____
TOD:	_____			_____
ESHA / SEA:	_____		RFS No.	_____
SA: N E W	SD: 1 2 3 4 5	ZD:	GB? Y N	LID? Y N DT? Y N

### 1. Subject Property (Sujeto Propiedad)

Assessor's Parcel Number(s) \_\_\_\_\_ Property Size (Gross Area in Acres) \_\_\_\_\_

Property Address or Site Location \_\_\_\_\_

Name of Business or Establishment (If Applicable): \_\_\_\_\_

### 2. Uses (Usos)

Current: \_\_\_\_\_ Proposed: \_\_\_\_\_

Continued (Renewal) Previous Permit Number: \_\_\_\_\_ Attach copy of Findings and Conditions if available.

### 3. Project Description (Proyecto) Describe project in detail. Attach additional page(s) if necessary. See Instructions/Checklist

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### Check/Complete All That Apply:

No Improvements Proposed       Demolition       Private Septic System       Private Well

New Building Construction (SF): \_\_\_\_\_ New Impervious Surfaces (Paving, Roofs, Etc. - SF): \_\_\_\_\_

Grading (CY) Cut: \_\_\_\_\_ Fill: \_\_\_\_\_ Import: \_\_\_\_\_ Export: \_\_\_\_\_  Balanced on Site

Alcohol Sales:  Beer & Wine or  Full Line of Alcohol       On-site Consumption or  Off-site Consumption

### 4. Applicant (Solicitante)

Name:	_____	Phone:	_____
Address:	_____	Fax:	_____
City/State:	_____	ZIP:	_____
		Email:	_____

### 5. Agent (Agente) If different from applicant

Name:	_____	Phone:	_____
Address:	_____	Fax:	_____
City/State:	_____	ZIP:	_____
		Email:	_____

### 6. Property Owner(s) (Dueño/a Registrado) If different from applicant

Name:	_____	Phone:	_____
Address:	_____	Fax:	_____
City/State:	_____	ZIP:	_____
		Email:	_____

**7. Owner / Applicant Certification (Certificación del Solicitante, Agente o Dueño/a)**

By my signature below, I hereby certify the following:

1. I understand that it is the responsibility of the applicant to substantiate the request through the Burden of Proof.
2. I understand there is no guarantee - expressed or implied - that any permit will be granted. I understand that each matter must be carefully evaluated and after the evaluation has been conducted or the public hearing has been held. Staff's recommendation or decision may change during the course of the review based on the information presented.
3. I understand that planning staff is not permitted to assist the applicant or opponents of the project in preparing arguments for or against a request.
4. I understand that the environmental review associated with the submittal of this application is preliminary, and that after further evaluation, additional information, reports, studies, applications and/or fees may be required.
5. I understand that if my application is denied, there is no refund of fees paid.
6. I understand that submitting inaccurate or incomplete information may result in delays or denial of my application.
7. I certify that the information provided in this application, including attachments, is accurate and correct to the best of my knowledge.
8. I have read and understand the foregoing, and agree to the submittal of this application.

Signature (Blue Ink): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Check One:  Owner  Applicant

**8. Oak Tree Certification (Certificación de Árboles Robles) (Pursuant to Chapter 22.56, Pt. 16)**

Check only one box below:

- By my signature below, I certify that there are no oak trees or oak tree protected zones (five feet from the drip line of the canopy or within 15 feet of any oak tree trunk, whichever distance is greater) located on the subject property or properties.
- By my signature below, I certify that there are oak trees or protected zones (five feet from the drip line of the canopy or within 15 feet of any oak tree trunk, whichever distance is greater) within the subject property or properties, but that no work will be done within these protected areas. This applies to on and off-site oak trees. All oak tree dimensions, including trunk diameter and canopy, should accurately be depicted on the plans and be drawn to an acceptable scale.
- By my signature below, I certify that project activity will occur within the protected zone of an oak tree (five feet from the drip line of the canopy or within 15 feet of an oak tree trunk) and that I have concurrently submitted an Oak Tree Permit application. All oak tree dimensions, including trunk diameter and canopy, are accurately depicted on the plans and drawn to an acceptable scale.

Signature (Blue Ink): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Check One:  Owner  Applicant  Agent

**9. Santa Monica Mountains Local Coastal Program (Programa Local Costero de las Montañas de Santa Monica) (Pursuant to Chapter 22.44.600 et seq.) (Complete only if project is within the Santa Monica Mountains Coastal Zone)**

Check only one box below:

- It is my understanding that this proposed development project is EXEMPT from the LIP pursuant to Section 22.44.820, and I have attached all of the material required in the LIP Exemption Determination Checklist.
- It is my understanding that this proposed development project requires a Coastal Development Permit (CDP) pursuant to the LIP, and I have attached all of the material required in the Santa Monica Mountains Local Coastal Program CDP Checklist.

Signature (Blue Ink): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Check One:  Owner  Applicant  Agent

**10. Lobbyist Statement (Información de un Grupo de Presión)**

The Los Angeles County Lobbyist Ordinance, effective May 7, 1993, requires certification that each person who applies for a County permit is familiar with the requirements or Ordinance No. 93-0031 (Lobbyist Ordinance), and that all persons acting on behalf of the applicant have complied and will continue to comply with the requirements of said Ordinance through the application process. By my signature below, I hereby certify that I am familiar with the requirements of Ordinance No. 93-0031 and understand that making such a certification, and compliance with this ordinance, shall be conditions precedent to granting the permit requested, license, contract or franchise.

Signature (Blue Ink): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Check One:  Owner  Applicant  Agent

Lobbyist Permit Number, If Applicable: \_\_\_\_\_

*The information requested is required for a Zoning Permit, Coastal Development Permit, Director's Review and Oak Tree Permit, pursuant to Title 22 of LA County Code. Failure to provide complete and accurate information will cause delay. All required supplemental information must be submitted with this application. Additional application forms are available at: <http://planning.lacounty.gov/apps>. See [instructions and checklist](#). For assistance, call 213-974-6411 or click <http://planning.lacounty.gov/who>.*

**IF YOU SUSPECT FRAUD OR WRONGDOING BY A COUNTY EMPLOYEE, PLEASE REPORT IT TO THE COUNTY FRAUD HOTLINE AT 1-800-544-6864 OR [WWW.LACOUNTYFRAUD.ORG](http://WWW.LACOUNTYFRAUD.ORG).**

**YOU MAY REMAIN ANONYMOUS.**

**THIS SECTION - STAFF USE ONLY – LDCC COMMENTS**

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