



Los Angeles County
Department of Regional Planning

Planning for the Challenges Ahead



ZONING PERMITS

ONE-STOP COUNSELING APPLICATION

1. Applicant Information <i>(Información Del Solicitante)</i>		For Staff Use Only	
Name:		One-Stop No.:	
Address:		Project No.:	
City:	State & Zip Code:	Filing Date:	
Phone:		Participating Departments:	
Fax:		DPW _____ FIRE _____ DPH _____ P&R _____	
Email:		Other:	
2. Project Information <i>(Información Del Proyecto)</i>			
Site APN(s) (list ALL):		Property Size (Gross Acres):	
Site Address/Location:			
Name of Business or Establishment:			
Are there any oak trees on the site?			
3. Uses <i>(Usos)</i>			
Current:		Proposed:	
<input type="checkbox"/> Continued (Renewal) Previous Permit Number:		<i>Attach copy of findings and conditions if available.</i>	
4. Project Description <i>(proyecto) Describe project in detail. Attach additional page(s) if necessary.</i>			
Check/Complete All That Apply:			
<input type="checkbox"/> No Improvements Proposed	<input type="checkbox"/> Demolition	<input type="checkbox"/> Private Septic System	<input type="checkbox"/> Private Well
New Building Construction (SF):		New Impervious Surfaces (Paving, Roofs, Etc. - SF):	
Grading (CY) Cut:	Fill:	Import:	Export: <input type="checkbox"/> Balanced on Site
Alcohol Sales: <input type="checkbox"/> Beer & Wine or <input type="checkbox"/> Full Line of Alcohol		<input type="checkbox"/> On-site Consumption or <input type="checkbox"/> Off-site Consumption	
Signature of applicant:		Date:	