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 APN Date Census Tract Case Filed With **IDSC Staff1** 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: Proposed Use: Present Use: _____ Date Filed: _____ Plan Check No. (if available) _____ ☐ New Construction ☐ Change of Use Demolition Check all that apply: Alterations Residential Commercial Industrial ☐ Tier 1 LA Green Code ☐ Front ☐ Height ☐ Rear ☐ Side Yard Additions to the building: To be demolished _____ Adding ____ Existing _____ Total No. of residential units: 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:_____ List related or pending case numbers relating to this site:

4. OWNER/APPLICANT INFORMATION

Applicant's name	Comp	any		
Address:	Telephone: ()	Fax: ()
	Zip:		E-mail:	
Property owner's name (if different from applicant)_				
Address:				
Contact person for project information	Comp	anv		
Address:				
5. APPLICANT'S AFFIDAVIT				
Under penalty of perjury the following declarations are	made:			
a. The undersigned is the owner or lessee if en a corporation (submit proof). (NOTE: for zo			ent of the owner with po	ower of attorney or officers of
b. The information presented is true and correct	et to the best of my know	vledge.		
 In exchange for the City's processing of this the City, its agents, officers or employees, a employees, to attack, set aside, void or annu 	gainst any legal claim,	action, or p	roceeding against the C	
Signature:	Print:			· · · · · · · · · · · · · · · · · · ·
ALL-PU	RPOSE A CKNOWLED	GMENT		
State of California				
County of				
On before me,(Insert Na	me of Notary Public an	d Title)		
personally appeared	, who proved to knowledged to me that	me on the t he/she/they	executed the same in	
I certify under PENALTY OF PERJURY under the laws of the Sta	ate of California that the	foregoing	paragraph is true and co	orrect.
WITNESS my hand and official seal.				
(Seal)				
Signature				

6. 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 handout 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 [Project Planner]	Date
Receipt No.	Deemed Complete by [Project Planner]	Date