



CITY OF LOMITA

PLANNING DIVISION

24300 Narbonne Avenue

Lomita, CA 90717

Ph.: (310) 325-7110 | Fax: (310) 325-4024

(City Use Only)

Submittal
Date:

Received
By:

Conditional Use Permit

Height Variation Permit

Site Plan Review

Tentative Tract/Parcel Map

Zone Change

Zone Text Amendment

Zone Variance

Other

APPLICANT/AGENT:

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone: _____ Fax: _____

Email: _____

CONTACT PERSON: (if different)

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone: _____ Fax: _____

Email: _____

PROPERTY OWNER: (if different)

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone: _____ Fax: _____

Email: _____

CHOOSE ONE:

I am the sole owner and hereby authorize the filing of this application.

I own the project site jointly with one or more persons and am empowered to authorize the filing of this application on behalf of my fellow property owners.

I own the project site in conjunction with one or more persons who are listed with their acknowledgment and authorization for the filing of this application attached for additional property owner authorization/acknowledgments.

Signature: _____ Date: _____

PROJECT DESCRIPTION:

PROJECT ADDRESS:

APN:

ZONING DESIGNATION:

PREVIOUS APPROVALS:

CERTIFICATION

As the **Property Owner** and/or **Applicant/Agent** in the request made by this filing, I hereby certify that I acknowledge, understand and concur with the following statements:

- a) That there are no assurances at any time, implicitly or otherwise, regarding final staff recommendations to the decision making body regarding this application.
- b) That major changes to the proposed project may require a new application and payment of new fees.
- c) That to the best of my knowledge the information I have presented in this form and the accompanying materials is true and correct. I also understand that additional data and information may be required prior to final action on this application.

Signature(s) _____ Date: _____
Property Owner (Required)

Signature(s) _____ Date: _____
Applicant/Agent

FEES (office use only)

Application Filing Fees:

Environmental Fee:

Mailing Labels/Radius Map:

Technology Surcharge:

Deposit(s):

Total: