



VARIANCE APPLICATION

CITY OF BELL GARDENS PLANNING DEPARTMENT
7100 S GARFIELD AVENUE, BELL GARDENS, CA 90201
(562) 806-7700 (562) 806-7720 FAX

PROJECT ADDRESS OR GENERAL LOCATION

Dirección del proyecto

APP #

APPLICANT/APPLICANT'S REPRESENTATIVE

Nombre del solicitante o representante

DATE REC'D

MAILING ADDRESS *Dirección*

REC'D BY

CITY/STATE/ZIP CODE *Ciudad/Estado/Zona Postal*

TELEPHONE *Teléfono*

PROPERTY OWNER *Nombre del propietario*

OWNER MAILING ADDRESS *Dirección del propietario*

CITY/STATE/ZIP CODE *Ciudad/Estado/Zona Postal*

OWNER TELEPHONE NUMBER *Teléfono del propietario*

CURRENT ZONING & LAND USE OF THE SUBJECT SITE

APPLICANT'S REQUEST

It is hereby requested that the Bell Gardens Planning Commission grant a variance from the Municipal code. Please describe in detail the variance requested.

APPLICANT'S STATEMENT OF FACTS

According to the Bell Gardens Municipal Code, the Planning Commission must make certain findings before approving a Variance. To assist the Commission in make these findings, please answer the following questions.

1. Will the strict, literal interpretation of the Zoning Ordinance result in practical difficulty or unnecessary physical hardships inconsistent with the objectives of the Zoning Ordinance?

2. Are there exceptional circumstances or conditions applicable to the property involved which do not apply generally to other properties in the same zoning district?

3. Will a strict interpretation of the Zoning Ordinance deprive you of privileges enjoyed by owners of other properties in the same zoning district?

4. Will approval of this variance be detrimental to the public health, safety, welfare or materially injurious to properties or improvements in the vicinity?

5. Off Street Parking
If a variance from off-street parking requirements is requested, please answer the following question:

AFFIDAVIT

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES) SS
CITY OF BELL GARDENS)

I, _____, being duly sworn, depose and say that I am the applicant in the foregoing application, that I have read the foregoing application and know the content thereof and state that the same is true and correct to the best of my knowledge. Furthermore, all information and data submitted to the City of Bell Gardens in support of my application is true and correct to the best of my knowledge.

APPLICANT (SIGNATURE)

ADDRESS

CITY/STATE/ZIP

PHONE

I, _____, the owner (if other than the applicant) of the real property involved in this application, do hereby consent to the filing of this application.

OWNER (SIGNATURE)

ADDRESS

CITY/STATE/ZIP

PHONE

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public
County of Los Angeles
State of California

VARIANCE PROCEDURE

The variance procedure provides some flexibility in the application of development standards when special circumstances exist pertaining to the size, shape, topography, or location of a site which deprives the property of privileges enjoyed by other properties in the vicinity and in the same zoning district. Variances are intended to resolve practical difficulties caused by the physical characteristics of the property and are not intended to constitute a granting of special privileges. Variances may not be granted to allow uses not otherwise permitted in a zone nor to allow exceptions to density standards, as such authority is precluded by State law. The Planning Commission may grant variances from the development standards of the Zoning Ordinance pertaining to the regulation of site features such as parking, landscaping, setbacks, walls, building height, signs, open space, lot coverage and site area.

PROCEDURE

1. Preliminary review of proposed project.
2. Submit Variance application and filing materials to the Planning Department at least thirty (30) days prior to the Planning Commission meeting date.
3. Item is placed on the Planning Commission Agenda. City staff mails public hearing notices to surrounding property owners and prepares documents to comply with CEQA requirements.
4. Planning Commission reviews the proposed project. Planning Commission meets the third Wednesday of each month at 7:00 P.M. at City Hall, 7100 S. Garfield Avenue, Bell Gardens. **THE APPLICANT AND/OR HIS REPRESENTATIVE MUST BE PRESENT AT ALL PUBLIC HEARINGS.**
5. If the Variance is denied by the Planning Commission, the applicant may appeal to the City Council within 15 days from the Planning Commission meeting.

FINDINGS FOR APPROVAL

Prior to approval of a Variance, the Planning Commission must make the following findings:

1. That the strict or literal interpretation and enforcement of the specified regulation would result in impractical difficulty or unnecessary physical hardship inconsistent with the objectives of this Zoning Ordinance; and
2. That there are exceptional or extraordinary circumstances or conditions applicable to the property involved or to the intended use of the property that do not apply generally to other properties in the same zone; and
3. That strict or literal interpretation and enforcement of the specified regulation would deprive the applicant of privileges enjoyed by the owners of other properties in the same zone; and

4. That the granting of the variance will not constitute a grant of special privilege inconsistent with the limitation on other properties classified in the same zone; and
5. That the granting of the variance will not be detrimental to the public health, safety and welfare, or materially injurious to properties or improvements in the vicinity.

FILING REQUIREMENTS

- ___ 1. Application completed, signed and notarized.
- ___ 2. Environmental information form completed and signed.
- ___ 3. Six sets of plans drawn to scale, neat and legible, to include but not limited to:
 - a. Vicinity map
 - b. Site Plan
 - c. Floor Plan
 - d. Elevations, etc.
- ___ 4. One set of plans reduced to 8 ½ x 11 in acetate format.
- ___ 5. Radius map indicating properties within 500 feet of the subject property. The radius must be drawn from all four corners or exterior boundaries of the subject site with the names and addresses of all property owners located within 500 feet. The labels must be consecutively numbered and these numbers must correspond to the numbers on the property ownership list. The applicant must submit a notarized affidavit signed by the person who prepared the radius map and labels. The names and addresses may be obtained from:
 - a. Los Angeles Tax Assessors Offices
Los Angeles Office; Hall of Administration
500 West Temple Street, Room 265
Los Angeles CA 90012
(213) 974-3363
8:00 A.M. – 4:00 P.M., M-F
 - b. South El Monte Office
1441 Santa Anita Avenue
South El Monte CA
(818) 350-4694
8:00 A.M. – 5:00 P.M., M-F
 - c. Long Beach Office
5898 Cherry Avenue
Long Beach CA
(562) 984-5111

- _____ 6. Filing fees will include:
- a. SPR filing fee - \$25.00
 - b. Preliminary Environmental Review fee - \$50.00
 - c. Los Angeles County Clerk's Office fee - \$25.00
- _____ 7. A copy of the latest Title Report or Deed.

All required documents must be filed with the Planning Department at least thirty (30) days prior to the Planning Commission meeting.

Questions and/or further information may be addressed to the Planning Department at Bell Gardens City Hall, 7100 Garfield Avenue, Bell Gardens; (562) 806-7700 during business hours, Monday – Thursday, 7:30 A.M. to 6:00 P.M.

INCOMPLETE APPLICATION PACKAGES WILL NOT BE ACCEPTED

**SAMPLE AFFIDAVIT
CERTIFIED PROPERTY OWNERS LIST**

STATE OF CALIFORNIA)
CITY OF BELL GARDENS) SS
COUNTY OF LOS ANGELES)

I, _____, hereby certify that the attached list contains the names and addresses of all persons to whom all property is assessed as they appear on the latest available assessment roll of the County of Los Angeles within the area described in the attached application and for a distance of five hundred (500) feet from the exterior boundaries of property legally described on the attached application.

DATE

NAME

Subscribed and sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

SAMPLE PROPERTY OWNERS LIST

6227-026-900
Name
Address
City, State, Zip

6227-026-900
Name
Address
City, State, Zip

6227-026-900
Name
Address
City, State, Zip

6227-026-900
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6227-026-900
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