



ZONE CHANGE 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

- 1. It is hereby requested that the Bell Gardens Planning Commission recommend to the City Council that the Zoning Map be amended to show the following change of zone:

From: _____ To: _____

- 2. Subject property is currently zoned: _____

- 3. Current land use: _____

- 4. Legal description of property (use separate page if necessary):

- 5. Please answer the following statements of fact as precisely as possible. This information will be used to assist the Commission in making a recommendation to the City Council.

- a. A change of zone is requested to permit the following use or uses:

- b. Demonstrate how the proposed change of zone would be in accordance with the principles of good land use planning. (For example, would the proposed use serve a desirable function in the area, harmonize with adjoining zoning, promote sound development, and not impose undue traffic burdens or cause traffic hazards, etc.)

- c. Why is this particular property more suitable for the uses permitted in the proposed zone than for the uses permitted in the present zone?

- d. Indicate how the uses permitted in the proposed zone would be compatible to existing permitted uses in the same neighborhood. Show that they would not in any way be detrimental to persons and property in the same general area.

- e. How will public necessity, convenience, or the general welfare require the proposed change of zone?

- f. What is the existing source of water and will this change of zone require a greater demand for water than presently exists? List proposed sources of additional water supply.

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

ZONE CHANGE PROCEDURE

1. Preliminary review of proposed zone change.
2. Submit zone change application and filing materials to the Planning Department.
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 recommendation of the zone change is denied by the Planning Commission, the applicant may appeal to the City Council within fifteen (15) days.

FINDINGS FOR APPROVAL

Prior to recommending approval of a zone change to the City Council, the Planning Commission must make the following findings:

1. The proposed zone is in accord with the General Plan, the objectives of the Zoning Ordinance, and the purposes of the district in which the site is located.
2. The proposed zone, will not be detrimental to the public health, safety and welfare, or materially injurious to properties or improvements in the vicinity.
3. The proposed zone complies with each of the applicable provisions of the Zoning Ordinance.
4. The conditions applicable to the zone, if any, represent conditions which can be reasonably enforceable without undue and unreasonable strain upon the City's ability to provide such public services.

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 (if applicable)
 - c. Floor Plan (if applicable)
 - d. Elevations, etc. (if applicable)

- _____ 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 (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 fee: Checks must be made payable to the City of Bell Gardens.

- _____ 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
Name
Address
City, State, Zip

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

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

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

SAMPLE VICINITY MAP

