



CITY OF INGLEWOOD  
APPLICATION FOR ZONE VARIANCE  
(CHAPTER 12, ARTICLE 26, INGLEWOOD MUNICIPAL CODE)

G. P. \_\_\_\_\_

OFFICE USE ONLY	
Is this improvement in a redevelopment area?	
No	Yes

Address of Project \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Legal Description \_\_\_\_\_

Request to Change the General Plan Designation From \_\_\_\_\_ To \_\_\_\_\_

General Plan Designation \_\_\_\_\_

Does the Zone Need to be Changed? \_\_\_\_\_

Primary contact person (To whom all correspondence will be sent; to be filled in even if same as applicant.)

Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

**The answers to the following findings must be full and complete statements:**

1. Are there changed conditions since the adoption of the existing general plan to warrant a general plan amendment?
2. Explain why the proposed general plan amendment will not adversely affect adjoining property:
3. Explain why the general plan amendment will not be detrimental to the public health, safety or general welfare :
4. Explain how the approval of the general plan application will not adversely affect the comprehensive plan:

AFFIDAVIT

STATE OF CALIFORNIA ) COUNTY  
OF LOS ANGELES ) SS.

I, \_\_\_\_\_, BEING DULY SWORN DEPOSE AND SAY THAT I AM  
AN OWNER OF THE PROPERTY INVOLVED IN THIS PETITION, AND THAT THE FOREGOING SUBMITTED ARE IN ALL  
RESPECTS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

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Signed \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Day Phone \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Notary Public

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COMMENTS

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ENVIRONMENTAL ASSESSMENT CATEGORICALLY EXEMPT	
<input type="checkbox"/> YES	<input type="checkbox"/> INITIAL STUDY REQUIRED

DATE REC'D \_\_\_\_\_ BY \_\_\_\_\_ FEES \_\_\_\_\_ OTHER CASE \_\_\_\_\_