



CITY OF INGLEWOOD
APPLICATION FOR ZONE OR SIGN ADJUSTMENT
(CHAPTER 12, ARTICLE 26, INGLEWOOD MUNICIPAL CODE)

Z. A. _____
S. A. _____

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

Address of Project _____

Name of Applicant _____

Legal Description _____

Request

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:

An adjustment may be approved only if all four findings are made and justification for making each finding is specifically recited.

1. The application for the adjustment is necessary due to special circumstances or conditions pertaining to the property or to the use thereon:
2. The proposed adjustment is necessary in order that the applicant may not be unreasonably deprived of the proper use or enjoyment of the applicant's property:
3. The proposed adjustment would not be detrimental to the neighborhood in which the property is located:
4. The proposed adjustment is consistent with the legislative intent of the zoning and development standards of the chapter that pertain to the subject property:

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.

Signed _____

Mailing Address _____

Phone No. _____

Day Phone _____

Subscribed and sworn to before me this _____ Day of _____

Notary Public

OFFICE USE ONLY

COMMENTS

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

DATE REC'D _____ BY _____ FEES _____ OTHER CASE _____