



CITY OF INGLEWOOD  
APPLICATION FOR ZONE CHANGE  
(CHAPTER 12, ARTICLE 27, INGLEWOOD MUNICIPAL CODE)

Z. C. \_\_\_\_\_

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

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

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

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

Request to Change the Zone From \_\_\_\_\_ To \_\_\_\_\_

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

Does the General Plan Need to Be Amended \_\_\_\_\_

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 zoning to warrant a change of zone:
2. Explain why the proposed zone change will not adversely affect the adjoining property:
3. Explain why the zone change will not be detrimental to the public health, safety or general welfare:
4. Explain how the approval of the zoning 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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Section 1239.54. Time Limit.

Site plan approval by the Community Development and Housing Director shall be valid for a period of one year. If construction of a project does not commence within that period and proceed with due diligence thereafter, the approval of the site plan shall terminate and an additional review and approval will be required.

Signed \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

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

OFFICE USE ONLY

COMMENTS

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ENVIRONMENTAL ASSESEMENT CATEGORICALLY EXEMPT	
<input type="checkbox"/> YES	<input type="checkbox"/> INTIAL STUDY REQUI RED

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