



City of La Mirada
Community Development Department
13700 La Mirada Boulevard
La Mirada, CA 90638
(562) 943-0131

F o r S t a f f U s e		
File Date	_____	<input type="checkbox"/> Fee
SPR / ZC	_____	<input type="checkbox"/> Site/Floor/Elevation Plans
Fee Amount	_____	<input type="checkbox"/> Ownership Permission
Receipt No.	_____	<input type="checkbox"/> Association Approval
By	_____	<input type="checkbox"/> Photographs
		Zone: _____

SITE PLAN REVIEW / ZONING CLEARANCE APPLICATION

G E N E R A L I N F O	LOCATION OF PROJECT (Address)		ASSESSOR'S PARCEL NUMBER(S)		
	APPLICANT NAME (Please print)		BUSINESS PHONE	CELL PHONE	
	APPLICANT ADDRESS		CITY	STATE ZIP	
	APPLICANT SIGNATURE (Required)		EMAIL		
	APPLICANT REPRESENTATIVE (Please print)		BUSINESS PHONE	CELL PHONE	
	APPLICANT REPRESENTATIVE ADDRESS		CITY	STATE ZIP	
	APPLICANT REPRESENTATIVE SIGNATURE (Required)		EMAIL		
	PROPERTY OWNER NAME (Please print)		PHONE	EMAIL	
	PROPERTY OWNER ADDRESS		CITY	STATE ZIP	

P R O J E C T I N F O	PROPOSED PROJECT DESCRIPTION
	<p>DOES THE PROPERTY HAVE ANY DEED RESTRICTIONS, RECORDED EASEMENTS, AND/OR RECORDED ACCESS AGREEMENTS AFFECTING THE USE THEREOF, IF SO DESCRIBE (attach additional sheets if necessary):</p>

CERTIFICATE AND AFFIDAVIT OF APPLICANT: I certify that all statements made on this application and attached plans are true and complete to the best of my knowledge. I understand that any false statements may result in denial of the requested permit or revocation of any issued permit. I further certify that I am, or have permission by, the property owner to conduct the proposed development applied for herein.

 APPLICANT SIGNATURE

 DATE