CITY OF EL CENTRO
COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING & ZONING DIVISION
APPLICATION FOR CHANGE OF ZONE

Application is hereby made to the City of El Centro, County of Imperial, State of California, for a Change of Zone as set forth under Section 29-327, et. seq., of the Zoning Ordinance, of Chapter 29 of the City Code of the City of El Centro, California, as amended.

APPLICANT:

Name _______________________________________________ Telephone No. (_____) ________________

Mailing Address __________________________________________________________________________________

E-mail Address _____________________________________________________________________________________

Name of Property Owner(s) (if different from above) ______________________________________________________

Mailing Address ___________________________________________________________________________________

_____________________________________________ Telephone No.(____) ________________

Financial Institution/Bank, providing funding for the project (if known) ______________________________________

Mailing Address ___________________________________________________________________________________

Telephone No. (____) ________________

Applicant is the: (check one)

☐ Owner

☐ Purchaser under contract (provide proof)

☐ *Lessee, acting with written approval of the Owner (five (5) year minimum).

☐ *Agent, acting with written approval of the Owner of the property described hereinbelow.

☐ Other ________________________________

*Submit written approval with application.

DESCRIPTION OF PROJECT SITE:

Legal:

Lot Block Subdivision

Assessor’s Parcel No. (APN):

Street Address/Location

Revised 7/1/22
ZONING REQUEST:

Current zoning______________________________________________________________

Proposed zoning____________________________________________________________

JUSTIFICATION:

In the opinion of the petitioners, the public interest, health, safety, morals, peace, comfort, convenience and the general welfare and amenities would require such change for the following reasons:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

REQUIRED ATTACHMENTS:

1. Environmental Information Form with applicable fees
2. Location Map

SIGNATURE:

I certify that I am the signer of the within application and have read the foregoing and certify that the contents herein are true and correct to the best of my knowledge and belief.

__________________________  ____________________________
Date                        Applicant Signature

Print Name

This petition must be verified before a notary public by the applicant and by the property owner; the acknowledgement shall be attached to the petition for each.

Please submit Change of Zone application with the required attachments and the appropriate filing fees to the Community Development Department-Planning & Zoning Division at City Hall, 1275 W. Main Street, El Centro, California 92243. Incomplete applications will not be accepted.

If you need assistance completing the application, please contact the Planning & Zoning Division on weekdays, from 8:00 a.m. to 5:00 p.m., at (760) 337-4545.