



# CITY OF SOUTH GATE

## COMMUNITY DEVELOPMENT DEPARTMENT PLANNING DIVISION

8650 CALIFORNIA AVENUE  
SOUTH GATE, CA 90280  
Phone: (323) 563-9526 Fax: (323) 567-0725

### CONDITIONAL USE PERMIT APPLICATION

PROJECT INFORMATION			
Project Description:			
Project Address:			
Zoning:		Assessor's Parcel Number:	
Legal Description:			

PROPERTY OWNER INFORMATION			
Name of Owner:			
Mailing Address:			
City, State, Zip:			
Telephone:		Email:	

AUTHORIZED AGENT INFORMATION			
(This is the person who will be contacted regarding this application. This person will be named the applicant in all documents related to this application.)			
Name of Agent:			
Mailing Address:			
City, State, Zip:			
Telephone:		Email:	

<u>For Office Use Only</u>	
Date Received: _____	Received By: _____
Case Number: _____	

**CODITIONAL USE PERMIT APPLICATION**

**Owner's Affidavit**

I, (We), \_\_\_\_\_, hereby declare, under the penalty of perjury, that I (we) am (are) the owner(s) of the property involved in this request located at \_\_\_\_\_, and identified as APN \_\_\_\_\_, or if the owner is a corporation or other entity, that I (we) am (are) duly authorized to execute this affidavit on behalf of said corporation or entity. I (we) further declares that the foregoing statements and the information submitted herewith are true and correct.

Signature: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**California All-Purpose Acknowledgment**

State of California )  
County of Los Angeles ) ss.

On \_\_\_\_\_ before me, \_\_\_\_\_,  
personally appeared \_\_\_\_\_  
\_\_\_\_\_

who proved to me on the basis of satisfactory evidence to be the person(s) whose names(s) is/are subscribed to the within instrument and acknowledgement to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PREJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

NOTE: This application must be signed by the property owner or authorized agent. If by authorized agent, a letter of authorization from the property owner must be filed with this application. An invalid signature would invalidate the requested procedure. If more than one person is involved in the ownership of the property being developed a separate pave must be attached to this application which lists the names, addresses and notarized signatures of all persons having an interest in the ownership of the property.

**CODITIONAL USE PERMIT APPLICATION**

**Findings of Fact**

The following conditions and findings must be met before a **Conditional Use Permit** can be granted. Please indicate how the proposed meets these criteria. **Yes** or **No** Responses are not acceptable. Attach additional sheets as necessary.

1. Is the site in adequate size and shape to accommodate the yards, walls, fences, parking and loading facilities, landscaping and other development features prescribed in the City of South Gate Zoning Ordinance?

2. Is the proposed use is in conformance with the goals, policies, and objectives of the General Plan and the purpose and intent of any applicable specific plan?

3. Will the proposed use have an adverse effect on the use, enjoyment or valuation of neighboring properties?

4. Are the adjacent streets and highways adequate in width and pavement type to carry the kind of traffic generated by the proposed use?

[Empty response box for question 4]

5. How will you address concerns raised by the residents of the surrounding neighborhood? Do you plan to hold meetings or gatherings? If you have already met with neighboring business owners and residents, please include a summary of their comments and concerns.

[Empty response box for question 5]

6. Explain the proposed business operation. Include days and hours of operation. Anticipated number of employees.

[Empty response box for question 6]