



Community Development Department
Planning Division

8650 California Avenue
South Gate, Ca 90280
Phone: (323) 563-9526

LAND USE ENTITLEMENT (LUE) APPLICATION

- | | |
|---|---|
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Specific Plan |
| <input type="checkbox"/> _____
Type | <input type="checkbox"/> Tentative Tract/Parcel Map |
| <input type="checkbox"/> Density Bonus Program | <input type="checkbox"/> Variance |
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Zone Change |

For Office Use Only

Date Received: _____

Received By: _____

Case Number: _____

Receipt No. _____

PROJECT INFORMATION

Project Address:			
Project Description:			
Assessor's Parcel Number(s):		Existing Zoning:	
Legal Description:			

PROPERTY OWNER INFORMATION

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

AUTHORIZED AGENT/REPRESENTATIVE 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:	

I/We declared under the penalty of perjury that the information provided on this application is true and accurate and that I/we have familiarized myself/ourselves with the relevant provisions of the South Gate Zoning Code.

Signature

Date

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 PERJURY 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 page 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.