

**CITY OF COALINGA
AMENDMENT TO THE
ZONING ORDINANCE APPLICATION**

Application _____

Date _____

Important: The City of Coalinga will only accept, for processing, an application for a general amendment to the Zoning Ordinance if the proposed amendment is consistent with the Coalinga General Plan. The reason for this policy is that State Law requires that the City's Zoning Ordinance be consistent with the General Plan. Before beginning this application, you should check with the secretary of the Planning commission to determine if the amendment is consistent with the General Plan.

APPLICANT INFORMATION:

Applicant/Property Owner Name: _____

Applicant's Mailing Address: _____

Telephone Number: _____

The answers to the following questions must be made full and complete.

1. Please give the number and a brief description of the section of the Zoning Ordinance from which you are requesting to be amended.

2. Please describe how and why you believe this section should be amended. _____

The forgoing statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my knowledge and belief

Signature of Applicant

Mailing Address

Name of Applicant (Please Print)

Telephone Number

