

**CITY OF COALINGA
GENERAL PLAN AMENDMENT
APPLICATION**

Application Number _____

Date _____

APPLICANT INFORMATION:

Applicant/Property Owner: _____

Applicant's Mailing Address: _____

Telephone Number: _____ Assessor Parcel Number: _____

Property Location (Street Address): _____

Legal Description (lot, block, tracts, etc.): _____

PROPERTY USE INFORMATION:

Current Zoning: _____ Proposed Zoning: _____

Existing Use: _____

Current General Plan Land Use Designation: _____

Existing Number of Lots: _____ Proposed Number of Lots: _____

Area of Parcel (s): _____ Proposed Use: _____

(If additional space is required attach separate sheet of paper)

Signature of BOTH the APPLICANT and RECORDED PROPERTY OWNER(S) are required below as applicable.

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/AGENT

Signature of OWNER

Name of APPLICANT/AGENT (Please Print)

Name of OWNER (Please Print)

Mailing Address

Mailing Address

Telephone Number

Telephone Number