

**CITY OF COALINGA
REQUEST FOR INTERPRETATION
AND CLARIFICATION OF AMBIGUITY
OF ZONING ORDINANCE APPLICATION**

Application _____

Date _____

Applicant/Property Owner _____

Mailing Address: _____

Telephone Number _____

Request: Please give the number and a brief description of the section of the zoning ordinance for which you are requesting an interpretation or clarification.

Please give full and complete answers to the following questions:

1. Please describe your reasons for requesting the interpretation or clarification. _____

2. Please describe how you believe the section should be interpreted or classified. _____

3. Please describe why you believe the section should be interpreted or classified in the manner described above.

4. If you are requesting an interpretation or clarification regarding the location or a zoning district, please attach a map showing the boundary in question, and indicate on a map where you believe the boundary should be located.

(If additional space is needed please attach a separate sheet of paper)

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.

Name of APPLICANT (Please Print)

Signature of APPLICANT

Mailing Address

Telephone Number