

**CITY OF COALINGA  
MINOR DEVIATIONS TO  
ZONING ORDINANCE APPLICATION**

Application Number \_\_\_\_\_

Date \_\_\_\_\_

**APPLICANT INFORMATION:**

Applicant/Property Owner Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Assessor Parcel Number: \_\_\_\_\_

Property Location (Street Address): \_\_\_\_\_

Legal Description (lot, block, tracts, etc.): \_\_\_\_\_

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

**PROPERTY USE INFORMATION:**

Current Zoning: \_\_\_\_\_ Existing Use: \_\_\_\_\_

Existing Number of Lots: \_\_\_\_\_ Proposed Number of Lots: \_\_\_\_\_

Area of Parcel(s): \_\_\_\_\_

Proposed Use: \_\_\_\_\_

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 a minor deviation.

\_\_\_\_\_  
\_\_\_\_\_

2. Please describe the nature of the minor deviation you requesting.

\_\_\_\_\_  
\_\_\_\_\_

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