

**CITY OF COALINGA
MODIFICATION OF
USE PERMIT APPLICATION**

Application Number _____

Date _____

APPLICANT INFORMATION:

Applicant/Property Owner: _____

Applicant's Mailing Address: _____

Telephone Number: _____ Assessor Parcel No.: _____

Property Location: _____

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

PROPERTY USE INFORMATION:

Current Zoning: _____ Existing Use: _____

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

Area of Parcel (s): _____

Proposed Use: _____

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

Describe any new structures or improvements associated with modification of the use (indicate total square foot of structures): _____

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

Describe operational characteristics of use (Hours of operation, Number of Employees, Vehicle Traffic, to and from use, Parking requirements, etc.): _____

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

Give justification for Modification of existing use permit: _____

The undersigned applicant has the ability and intention to proceed with the actual construction work in accordance with these plans (as approved) within one year from the date of approval and the applicant understands that this Conditional Use Permit, if granted, becomes null and void and of no effect if the applicant does not commence with the actual construction work in accordance with these plans within one year from the date of approval of this application and diligently proceed to completion. An extension to commence the work at a later date may be granted by the Planning Commission, upon the written petition of applicant for such extension before the expiration of the one-year period. The applicant understands that the Commission may also establish a deadline for the completion of said project.

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 Address

Telephone Address