

**CITY OF COALINGA
CHANGE OF ZONING DISTRICT APPLICATION**

Application _____

Date _____

APPLICANT INFORMATION:

Applicant/ Property Owner Name: _____

Mailing Address: _____

Telephone: _____ Assessor Parcel Number: _____

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

PROPERTY USE INFORMATION:

Current zoning: _____ Proposed Zoning _____

Existing Use: _____

General Plan Land Use Designation: _____

Existing Number of Lots _____ Proposed Number of Lots _____

Area of Parcel: _____ Proposed Use: _____

Important: The City of Coalinga will only accept for processing an application for a Change of Zoning District Amendment if the proposed Zoning District 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 zoning you are proposing is consistent with the General Plan.

Signature of BOTH the APPLICANT and the RECORDING 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