

**CITY OF COALINGA
CLASSIFICATION OF
PERMITTED USES APPLICATION**

_____ Application Number

_____ Date

APPLICANT INFORMATION:

Applicant/Property Owner: _____

Applicant's Mailing Address: _____

Telephone Number: _____

Request: Please indicate below the name of the use you request to be added or classified. The Zoning District (R-1, C-P, etc.) in which you request the use to be added or classified and whether you request that the use be permitted or permitted subject to first securing a Conditional Use Permit.

The undersigned request that _____ (name of use) _____ be added to the _____ Zoning District as a _____
(Permitted Use/Use Permitted subject to first securing a Conditional Use Permit)

Briefly describe the nature of the use you wish to be classified described above: _____

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

Important: The Planning Commission, before classifying an unlisted use as a permitted or permitted subject to a Conditional Use Permit, must make a finding that all of the following conditions exit. Please give full and complete answers to the following questions to assist the Planning Commission in making their decision.

1. Explain how the proposed use is compatible with the intent of the district in which the use is proposed.

2. Does the use have the same basic operational characteristics as the uses permitted or conditionally permitted? _____

3. Can the use be expected to conform with the property development standards and performance standards prescribed for the district? _____

4. Please explain why the use will not be detrimental to the public health, safety, or welfare.

5. Please explain why the use does not conflict with any Goals, Objectives, or Policies of the Coalinga General Plan.

6. Using the Zoning Ordinance as reference, show that the use is not specifically listed as permitted or permitted subject to a Conditional Use Permit in a less restrictive district.

CERTIFICATION:

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

Name of Applicant (Please Print)

Mailing Address

Telephone Number