

**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