

# CITY OF PALM DESERT DEPARTMENT OF COMMUNITY DEVELOPMENT

73510 Fred Waring Drive, Palm Desert, California 92260
Phone (760) 346-0611 • Fax (760) 776-6417 • planning@cityofpalmdesert.org

## **CHANGE OF ZONE APPLICATION**

Applicant Name:				
				_Phone:
Mailing Address:				_Fax:
City:	State:	Zip:	Email:	
Property Owner Name:				
				Phone:
Mailing Address:				_Fax:
City:	State:	Zip:	Email:	
Representative:				
				_Phone:
				_Fax:
Please Send Correspondence to (Ch	neck One):	Applicant	Property Owner	Representative
Property Address(es):				
Assessor Parcel No(s):				
				on:
Proposed Zoning:			_	
Project Request (Describe the Natur	re of Approv	val Requesto	ed):	
Property Owner Authorization: The give authorization for the filing of the a		states that	they are the owne	r(s) of the property described and herein
Print Name:	s	Signature:		Date:
Applicant/Representative Signature understand that the City might not app				t the information provided is accurate. I quire conditions of approval.
Print Name:	s	Signature:		Date:
	OF	FICE US	SE ONLY	
Project No: C/Z				ed:
Received By:		Case Planne	Case Planner:	

#### CITY OF PALM DESERT CHANGE OF ZONE APPLICATION

#### I. PURPOSE:

The Zoning Map and Zoning Ordinance may be amended in accordance with the procedures described in Section 25.78.030 or 25.78.040 of the Palm Desert Municipal Code (PDMC). Staff will investigate the request, prepare a report, and recommendation, publish legal notices, and notify the applicant and adjacent property owners of all public hearings. Change of Zone applications requires a public hearing with the Planning Commission prior to scheduling a public hearing with the City Council. If denied by the City Council, no similar Change of Zone application may be filed for one (1) year after the date of denial.

#### II. SUBMITTAL REQUIREMENTS:

- 1. Complete the application, with required signatures.
- 2. All required plans and exhibits as described in the application.

#### III. PROCEDURE:

- 1. Submit a complete application and appropriate fee to the Department of Community Development for staff review. Staff will investigate the request, prepare a staff report with a recommendation, publish legal notices, and notify the applicant and adjacent property owners of the public hearings with the Planning Commission and City Council.
- 2. Staff will present the proposed Change of Zone to the Planning Commission for a recommendation to the City Council.
- 3. Staff will present the proposed Change of Zone to the City Council for final approval, typically within four to six weeks from the Planning Commission recommendation.

#### IV. SUPPORTING DATA:

1.	Name of Applicant			
2.	This request is made for property described as (exact legal description):			
3.	Total area of the site (if more than one zone is requested, give subtotal for each):			
4.	Existing Zoning:			
5.	Proposed Zoning:			
	General Plan Designation:			
	Assessor's Parcel No(s):			
8.	The property is located at:			
	Between (streets): and			
9.	The present use of this property is:			
10.	The applicant offers the following reasons to justify the request for a Change of Zone:			

### OWNER AND/OR OWNER'S AUTHORIZED AGENT AFFIDAVIT

STATE OF CALIFORNIA) COUNTY OF RIVERSIDE) CITY OF PALM DESERT)	
owner's authorized agent of the property (ies) invo	depose and declare that (I am) (we are) the owner(s) and/or olved in this application. (I) (We) further certify, under penalty of perjury contained and the information herewith submitted are in all respects true d belief.
Date:	
APPLICANT, PROPERTY OWNER, AND/OR OW	NER'S AUTHORIZED AGENT:
	Print Name
	Signature
	Mailing Address
	City, State and Zip
	Phone Number