



La Mirada
Community Development Department
13700 La Mirada Boulevard
La Mirada, CA 90638
(562) 943-0131 Fax (562) 943-3666

F o r S t a f f U s e		
File Date _____		<input type="checkbox"/> Site Plan/Floor Plan
Fee _____		<input type="checkbox"/> Elevations
By _____		<input type="checkbox"/> Association Approval
		Zoning District _____
		Receipt No. _____

SITE PLAN/ELEVATION REVIEW APPLICATION

G E N E R A L I N F O R M A T I O N	LOCATION OF PROJECT (ADDRESS)	ASSESSOR'S PARCEL NUMBER (S)	ZONING / GEN PLAN DESIGNATION
	APPLICANT NAME (PLEASE PRINT)	BUSINESS PHONE	HOME PHONE
	APPLICANT ADDRESS (NUMBER / STREET)	MOBILE PHONE	E-MAIL
	CITY	STATE	ZIP
	APPLICANT REPRESENTATIVE	BUSINESS PHONE	MOBILE PHONE
	APPLICANT REPRESENTATIVE ADDRESS (NUMBER / STREET)	FAX NUMBER	E-MAIL
	CITY	STATE	ZIP
	PROPERTY OWNER NAME (PLEASE PRINT)	BUSINESS PHONE	HOME PHONE
	PROPERTY OWNER ADDRESS (NUMBER / STREET)	MOBILE PHONE	E-MAIL
	CITY	STATE	ZIP

P R O J E C T D A T A	PROPOSED PROJECT DESCRIPTION
	DOES THE PROPERTY HAVE DEED RESTRICTIONS AFFECTING THE USE THEREOF, IF SO DESCRIBE:
	DOES THE PROPERTY HAVE RECORDED EASEMENTS AFFECTING THE USE THEREOF, IF SO DESCRIBE:
	DOES THE PROPERTY HAVE RECORDED ACCESS AGREEMENTS AFFECTING THE USE THEREOF, IF SO ATTACH:

CERTIFICATE AND AFFIDAVIT OF APPLICANT: I certify that all statements made on this application and attached plans are true and complete to the best of my knowledge. I understand that any false statements may result in denial of the requested permit or revocation of any issued permit. I further certify that I am, or have permission by, the property owner to conduct the proposed development applied for herein.

 APPLICANT SIGNATURE

 DATE