



City of La Mirada
Community Development Department
13700 La Mirada Boulevard
La Mirada, California 90638
Phone:(562) 943-0131 | Fax:(562) 943-3666

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

ZONING CLEARANCE / PLAN CHECK APPLICATION

G E N E R A L I N F O R M A T I O N	PROJECT ADDRESS		La Mirada, California 90638			
	PROPOSED PROJECT					
	APPLICANT(S) (Please print)		BUSINESS PHONE	CELL/HOME PHONE		
	EMAIL ADDRESS					
	APPLICANT(S) ADDRESS		CITY	STATE	ZIP	
	PROPERTY OWNER(S) (Please print)		BUSINESS PHONE	CELL/HOME PHONE		
	EMAIL ADDRESS					
	PROPERTY OWNER(S) ADDRESS		CITY	STATE	ZIP	
	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 permits. I further certify that I am, or have permission by, the property owner to conduct the proposed development applied for herein.

APPLICANT'S SIGNATURE

DATE