

# CITY OF EL MONTE

Community & Economic Development Department



## GENERAL APPLICATION FORM

### PART I. GENERAL APPLICATION TYPE:

- |  |   |
|--|---|
| <input type="checkbox"/> Zoning Clearance (ZCL)          | <input type="checkbox"/> Sign Permit (SPM)          |
| <input type="checkbox"/> Administrative Permit (AP)      | <input type="checkbox"/> Master Sign Program (MSP)  |
| <input type="checkbox"/> Art in Public Places (APP)      | <input type="checkbox"/> Temporary Sign Permit      |
| <input type="checkbox"/> Wireless, Administrative (WP-A) | <input type="checkbox"/> Tree Removal Permit (TR)   |
| <input type="checkbox"/> Wireless, Section 6409 (WP-S)   | <input type="checkbox"/> Change to a Project, Major |
| <input type="checkbox"/> Wireless, Temporary (WP-T)      | <input type="checkbox"/> Change to a Project, Minor |
| <input type="checkbox"/> Director Determination (DD)     | <input type="checkbox"/> Landscape Review (LR)      |
| <input type="checkbox"/> Temporary Use Permit (TUP)      |   |
| <input type="checkbox"/> Time Extension _____            |   |
| <input type="checkbox"/> Other _____                     |   |

*For Planning Use Only:*

Date Rec'd: \_\_\_\_\_

Received By: \_\_\_\_\_

Fees Paid: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Assigned To: \_\_\_\_\_

Case No(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PART II. PROPERTY INFORMATION:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Assessor Parcel Nos. (APNs)

Area of parcel(s): \_\_\_\_\_ Frontage (ft.): \_\_\_\_\_

General Plan designation: \_\_\_\_\_ Zoning: \_\_\_\_\_

### PART III. PROPERTY OWNER INFORMATION:

\_\_\_\_\_  
Name Phone No.

\_\_\_\_\_  
Street/City/Zip E-mail Address

### PART IV. APPLICANT/REPRESENTATIVE INFORMATION (if applicable):

\_\_\_\_\_  
Name Phone No.

\_\_\_\_\_  
Street/City/Zip E-mail Address

**PART V. ADDITIONAL CONTACT PERSON INFORMATION (if applicable):**

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Name

Phone No.

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Street/City/Zip

E-mail Address

**PART VI. PROJECT DESCRIPTION:**

**PART VII. OWNER'S AFFIDAVIT:**

This application must be signed by the same person, and in the same manner as that in which title is held. Before signing, please examine your deed or title insurance policy.

State of California     )     SS:  
County of Los Angeles )

I/We \_\_\_\_\_ being duly sworn, depose and say, that I/we am/are the owner(s) of the property involved in this petition, and that the foregoing 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. By signing this application, I hereby acknowledge that the information contained herein, or subsequently submitted, is true and correct to my knowledge.

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Property Owner Signature (wet signature)

Date

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Property Owner Name (Print)

**Next Steps:** The Planning Division will review the application for completeness within 30 days of submittal. If the application is deemed incomplete, the applicant should address all comments and resubmit within 60 days. If more than 60 days have passed without a resubmittal, the application may be administratively withdrawn.