

ADMIN. COMM. NO. _____

PROCESSING FEE: \$428.00 _____



DATE FILED: _____

RECEIVED BY: _____

**CITY OF EL CENTRO
COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING & ZONING DIVISION
APPLICATION FOR ADMINISTRATIVE COMMITTEE REVIEW**

Application is hereby made to the City of El Centro, County of Imperial, State of California, for **Administrative Committee Review** as described and set forth under Section 29-296, et. seq., of the Zoning Ordinance, Chapter 29 of the City Code of the City of El Centro, as amended.

APPLICANT

Name _____ Telephone No. (____) _____

Mailing Address _____

E-mail Address _____

Name of Property Owner(s) (if different from above) _____

_____ Telephone No. (____) _____

Mailing Address _____

Applicant is the: (check one)

- () Owner
- () Purchaser under contract (provide proof)
- () *Lessee, acting with written approval of the owner of the property described below.
- () *Agent acting with written approval of the owner of the property described below.
- () Other _____

*Submit written approval with application

DESCRIPTION OF PROJECT SITE

Legal: _____

LOT

BLOCK

SUBDIVISION

Assessor's Parcel No. (APN): _____

Street Address/Location _____ Zone _____

LIMITS OF REQUEST

This request is limited to the consideration of:

- () a. Non-conforming buildings (reconstruction or remodeling)
- () b. Accessways of highways
- () c. Administrative Variance or minor modification limited to: reduction of lot area or lot dimension by not more than 10 percent; reduction of yards or distance between buildings by not more than 20 percent; reduction of the number of required parking spaces by not more than 15 percent, or reduction of width of required parking spaces by not more than six inches, and modification of other parking design standards by not more than 20 percent; modification of wall, fence or landscaping height, not to exceed 20 percent; deletion of laundry room requirement in residential zones; increase in the maximum building height and sign height by not more than 10%.
- () d. Temporary subdivision signs
- () e. Reasonable accommodations
- () f. Other

Describe specific request: _____

REQUIRED ATTACHMENTS

1. Eight (8) copies of the site plan and elevation plan prepared by a design professional.

SIGNATURE

I certify that I am the signer of the within application and have read the foregoing and certify that the contents herein are true and correct to the best of my knowledge and belief.

DATE

APPLICANT SIGNATURE

PRINT NAME