



City of Industry
Zoning Ordinance Amendment Application

15625 East Stafford Street • City of Industry • CA • 91744

Phone: (626) 333-2211 • Fax: (626) 961-6795

www.cityofindustry.org

Please type or print clearly. If necessary, please write your responses on separate sheet of paper

Applicant Name: _____
Project Contact: _____
Phone Number _____ Email: _____
Mailing Address: _____
Street City Zip

City of Industry Municipal Code Section(s) Affected: _____

Requested for the Following Reason: _____

Why do you believe the Zoning Ordinance Amendment is appropriate for the zoning classification(s) that will be affected by the proposed change(s) to the code?

Who do you believe will benefit by the proposed change(s) to the Zoning Ordinance? Who do you believe will be impacted by the proposed change(s)? Why?

How would your project be affected if the proposed Zoning Ordinance Amendment were approved? How would it be affected if it were denied?

Explain how the proposed modification(s) to the Zoning Ordinance Amendment will be consistent with the goals, policies and objectives of the City of Industry General Plan.

Explain how the zoning ordinance amendment will promote the public's health, safety, or general welfare.

Are there any other applications to be taken into consideration? (CUP, Development Plan Long Form, Variance)

Consent and Certification

I/WE state that, as the applicant(s) for the zoning ordinance amendment herein described, I/WE have read the completed applications and know the contents herein. I/WE declare, under penalty of perjury, that the information contained in this application and the plans and supporting materials submitted herewith are true and correct to the best of MY/OUR knowledge.

Applicant Name: _____
Applicant Signature _____ Date: _____

Zoning Ordinance Amendment Submittal Requirements:

- A Complete Zoning Ordinance Amendment Application.
- A complete General Plan Amendment Application (if required).
- Discretionary Planning Application (e.g. Conditional Use Permit, Development Plan Long Form).
- Reimbursement Agreement.