

**GLENN COUNTY PLANNING DIVISION
125 SOUTH MURDOCK AVENUE
WILLOWS, CA 95988
(530) 934-6540; FAX (530) 934-6713**

APPLICATION FOR A ZONE CHANGE

Please submit the following items. A complete application will ensure its prompt processing. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR OFFICE AT THE ABOVE ADDRESS AND TELEPHONE NUMBER.

1. APPLICANT:

NAME: _____

ADDRESS: _____

PHONE: (Business)_____ **(Home)**_____

2. PROPERTY OWNER:

NAME: _____

ADDRESS: _____

PHONE: (Business)_____ **(Home)**_____

3. Name and address of property owner's duly authorized agent who is to be furnished with notice of hearing (Section 65091 California Government Code).

NAME: _____

ADDRESS: _____

4. Address and Location of Project: _____

5. Current Assessor's Parcel Number: _____

6. Existing Zoning: _____

7. Existing and Proposed Use of Property: _____

8. **Proposed Zoning Request:** _____

9. **Number of Acres:** _____

10. **SURROUNDING LAND USES:** **SURROUNDING ZONING:**

North: _____

East: _____

South: _____

West: _____

11. **Topography:** _____

12. **Vegetation:** _____

13. **Water Supply:** **Source or Type** **Provider**

Existing: _____

Proposed: _____

14. **Sewage Disposal:**

Existing: _____

Proposed: _____

15. **Fire Protection:**

Existing: _____

Proposed: _____

16. **School District(s):** _____

17. **Natural Hazards:** _____

**The Application must be signed by the Applicant(s) and the Property Owner(s).
I am (We are) the owner(s) of property involved in this application and I (We)
have completed this application and all other documents required.**

**I am (We are) the owner(s) of the property consenting to the preparation and
submission of this application.**

PROPERTY OWNERS:

Signature: _____ **Date:** _____

Address: _____

APPLICANT(S) AND/OR REPRESENTATIVE(S):

Signature: _____ **Date:** _____

Address: _____