



## **CITY OF HUNTINGTON PARK**

Community Development Dept. • Planning Division  
6550 Miles Avenue, Huntington Park, CA 90255  
Tel. (323) 584-6210 • [planning@hPCA.gov](mailto:planning@hPCA.gov)

# ZONE USE DETERMINATION APPLICATION

**FOR OFFICE USE ONLY**

*Date Filed:* \_\_\_\_\_ *File No.:* \_\_\_\_\_ *Fee/Receipt No.:* **\$ 600.00** *Initials:* \_\_\_\_\_

**PROJECT ADDRESS OR GENERAL LOCATION:**

## APPLICANT'S INFORMATION

Applicant:

**Mailing Address:** \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_

## PROPERTY OWNER'S INFORMATION

Property Owner:

Mailing Address:

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_

## NEW USE

Describe the proposed new use in detail:

## FINDINGS

In order for the Director to make a determination on a proposed land use, the following findings must be made. Please describe how each finding is made:

1. The proposed use shall meet the intent of, and be consistent with the goals, policies and objectives of the General Plan and any applicable Specific Plan:

2. The proposed use shall meet the stated purpose and general intent of the zoning district in which the use is proposed to be located:

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3. The proposed use shall not adversely impact the public health, safety and general welfare of the City's residents:

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4. The proposed use shall share characteristics common with, and not be of greater intensity, density nor generate more adverse environmental impact, than those listed in the zoning district in which the use is proposed to be located:

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**CERTIFICATE AND AFFIDAVIT OF APPLICANT:** I/We certify that all statements made on this application are true and complete to the best of my knowledge. I/We understand that any false statements may result in denial of the requested permit or revocation of any issued permit. I/We further certify that I am, or have permission by, the property owner to conduct the proposed development applied for herein.

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Signature of Applicant

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Date