

Community Development Department 14000 City Center Drive, Chino Hills, CA 91709 P: (909) 364-2740

E: communitydevelopment@chinohills.org

ZCR No.:	
TDA No.:	
Submittal Date:	
Accepted By:	

ZONING CLEARANCE REVIEW

This application is required for review of a proposed change to an approved use or development (excluding wireless), and as defined in Chapter 16.79 of the Chino Hills Municipal

<u>APPLICA</u>	ANT INFORMATION
Name: _	Phone:
	//Business Name (if applicable):
E-mail:	
DDODED	TV OWNED (MANAGEMENT INFORMATION (15 different 4th an anglicand)
Property	TY OWNER/MANAGEMENT INFORMATION (If different than applicant)
	anagement:
Phone:	Email:
PROPER	TY LOCATION
	Name:
Assessor	Parcel No.:
	Lot:
proposed by Cha A magenta stan percente exte	ELITY: Description Paramore is required for the following project types. Please check the box that relates to the scope of work this application. Inge of business ownership for a property which has an existing Minor Use Permit or Conditional Use Permit codification to a City approved Site Plan or Design Review that is consistent with applicable development dards of the Development Code and (a) does not increase the size of the structure by more than five (5) ent or 250 square feet (whichever is less) over the original approved plan, or (b) is a modification to the rnal appearance that substantially complies with the approved plan ange of business use within a commercial center approved with reduced parking through a shared parking y or other mechanism
	or modified outdoor commercial dining patio
<u>DETAILED</u>	PROJECT DESCRIPTION:

Applications and fees are subject to change. Please visit our website for the most current version of this application.

APPLICANT CERTIFICATION

I/we certify under penalty of perjury that I/we am/are the Applicant for the project and that, to the best of my/our knowledge, the information contained in this application is true and correct.

I/we further agree that if any such information proves false or incorrect, the City of Chino Hills shall be released from any liability incurred if the application is approved.

APPLICANT SIGN	IATURE(S)
Print Name:	Signature:
PROPERTY OV	WNER CERTIFICATION
is made, state that Department, and the I/we further agree	ned owner(s) or authorized agent for the person/organization owning the land(s) for which this application I/we am/are aware that the application is being filed with the City of Chino Hills Community Development nat, to the best of my/our knowledge, the information contained in this application is true and correct. that if any such information proves false or incorrect, the City of Chino Hills shall be, released from any the application is approved.
When signing on be notarized letter of a	pehalf of the owner(s) as an "Authorized Agent", attach a notarized copy of the Power of Attorney or a authorization.
PROPERTY OWN	ER/AUTHORIZED AGENT SIGNATURE(S)
Print Name:	Signature:
Print Name:	Signature:
Print Name:	Signature:
One (1) cop One (1) SIGI	ECKLIST: (All Items must be included at the time of submittal) y: Completed application. NED copy: Trust Deposit Account (TDA) Application & Agreement. sit: Zoning Clearance Review. Refer to the Community Development Fee/Deposit Schedule
for amount.	Site plan and elevations (if applicable) drawn to a standard scale, and in color (See below for
_	S: Color photo simulations (if applicable).
One (1) digit	<u>inal copy:</u> Property owner/management approval. <u>tal copy (.pdf format):</u> ALL documents above and any supplemental documents being ith this application.
SITE PLAN REC	QUIREMENTS: E DRAWN TO SCALE ON ONE SHEET (MINIMUM 8.5" X 14") SHOWING THE FOLLOWING ITEMS:
Legal descrip	esses and phone numbers of the legal owner(s), applicant, and the person preparing the map. Ition and Assessor's Parcel Number of the property involved. If property lines or boundary lines of project and parcels within project.