



City of Santa Clarita
Community Development
Planning Division
23920 Valencia Boulevard, Suite 140
Santa Clarita, CA 91355

Official Use Only

ZL # _____

Zoning Letter Application

A. PROPERTY AND APPLICANT INFORMATION

Property Address(es): _____

Assessor's Parcel Number(s) (APNs): _____

Generally, if the request is for multiple properties that are not contiguous, then a separate application is required.

Applicant Information

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

I declare under penalty of perjury that all information included in this Zoning Letter Application is true and correct, and that I have completed the above referenced application to the best of my ability.

Applicant Signature

Date

B. INSTRUCTIONS

Submit this Zoning Letter Application and Fee to the following address:

City of Santa Clarita
Attn: Planning Division, Permit Center
23920 Valencia Boulevard, Suite 140
Santa Clarita, CA 91355

Refer to the Planning Division Fee Schedule for the current fee for a Zoning Letter. Check payments shall be made out to "City of Santa Clarita." Credit card payments may be made in person at the Permit Center in City Hall - 23920 Valencia Boulevard, Suite 140, Santa Clarita, CA 91355.

Once a complete application is received, staff will review and complete the request within one to two weeks.

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Completed By: _____ Date: _____

Notes: _____