



# Hawthorne Planning Department Master Land Use Application

## 1. Owner/ Applicant Information

Applicant(s): \_\_\_\_\_ Company \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Property Owner(s): *(if different from applicant)* \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_

## 2. Type of Application *(Completion of applicable supplemental Application Required)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Appeal                 | <input type="checkbox"/> Development Agreement           | <input type="checkbox"/> Tentative Map       |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> General Plan Amendment          | <input type="checkbox"/> Variance            |
| <input type="checkbox"/> Condo Conversion       | <input type="checkbox"/> Lot Line Adjustment             | <input type="checkbox"/> Zone Change         |
| <input type="checkbox"/> Density Bonus          | <input type="checkbox"/> Mixed Use Development Review    | <input type="checkbox"/> Zone Text Amendment |
| <input type="checkbox"/> Design Review          | <input type="checkbox"/> Planned Residential Development | <input type="checkbox"/> Other _____         |

## 3. Existing Project Location and Site Information

Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

No. of Units \_\_\_\_\_ No. of Lots \_\_\_\_\_ Lot Area (sq. ft.) \_\_\_\_\_ Project Size (sq. ft.) \_\_\_\_\_

Assessor's Parcel Number (APN) \_\_\_\_\_

## 4. Action Requested

Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Filing Date:	Hearing Date:	Case No.	General Plan Designation:	Current Zoning:
Project Planner:		Outcome:		

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## 5. Owner(s) Affidavit

Under the penalty of perjury, I/we attest that I/we am/are the owner(s) of record for the property associated with this application, and I/we authorize this application to be filed. Further, I/we do, by my/our signature(s) on this agreement, absolve the City of Hawthorne of all liabilities regarding any deed restrictions that may be applicable to the property described herein. If the request is approved, I/we am/are willing to record a covenant that may restrict the use of my/our property as related to this request. I/we furthermore authorize the authorized agent named in this application to act as my representative.

I/We declare that all encumbrances on the subject property are shown on the submitted site plan (or attached on a separate sheet) and that the purpose of all encumbrances (and ownership of all easements) is stated. In the case of a tentative map, I/we further declare that the property involved in this application is free from all encumbrances that would conflict with the project application; particularly dedications of the right to further subdivide/consolidate to the County of Los Angeles or City of Hawthorne.

I/We hereby grant the City admittance to the subject property as necessary for processing of the project application.

I/We declare under penalty of perjury that the foregoing statements and answers herein contained and information herewith submitted are in all respects true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

**Please Note:** If owner is a corporation, LLC, partnership, or trust, an ownership disclosure must be submitted that reveals the agent for service of process or an officer of the ownership entity. This may be verified by providing a copy of corporate articles, partnership agreement, or trust document, as applicable. In the event that the ownership does not match the City Records a Grant Deed is required to confirm ownership. Ownership on the deed must match exactly with the ownership listed on the application.

### ALL-PURPOSE ACKNOWLEDGMENT AND AFFIDAVIT

State of California

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
(Insert Name of Notary Public and Title)

Personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose names (s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf on which the person(s) acted, executed the instrument.

I certify under the PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

\_\_\_\_\_(Seal)  
Signature

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## 6. Additional Information/Findings

In order for the City to render a determination on your application, additional information may be required. Consult with the Planning Department staff for all required documents.

## 7. Burden of Proof (All discretionary application)

The employees of the Planning Department are required to give assistance to anyone who desires to utilize remedies afforded by the Hawthorne Municipal Code. Such assistance however is not to be interpreted as encouragement to the applicant. In all cases the burden of proof is upon the applicant to make the findings necessary before to substantiate granting approval of the requested action. There is no guarantee, expressed or implied, that any application will be granted by the approving body. Each application will be appropriately investigated and analyzed. After said investigation, or the public hearing has been held, the staff's determination may be different than the position discussed in preliminary meetings. Staff is not permitted to assist the applicant or any opponents to the application in preparing arguments for or against the request.

ATTEST: I (print name) \_\_\_\_\_ have read the foregoing and understand the burden of proof in the matter(s) associated with this application is upon the applicant.

Signature of Applicant: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_

### -----Planning Department Use Below-----

**Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Related Cases** \_\_\_\_\_

Attached:  Radius Map  Plans  Other \_\_\_\_\_

Fees