

ZONE TEXT AMENDMENT APPLICATION

City of Hawthorne Planning Department

4455 West 126th Street

Hawthorne, CA 90250

(310) 349-2970

Fax: (310) 644-6685

Date: _____ Filing fee: _____ Application No. _____

Petitioner: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Please list the specific code section(s) you wish to amend (provide a strike-out version of the particular sections of the code noting your suggestions (If application is for Specific Plan, attach proposed Specific Plan):

Give justification as to why the section(s) of the zoning ordinance should be amended:

Explain how the proposed amendment(s) is consistent with the goals and objectives of the City's General Plan. (provide specific examples):

Explain how the proposed amendment(s) meets the needs of the community as a whole:

Petitioner Signature

Printed Name/Title

Date Signed

Signature of Authorized Agent (a written authorization from the petitioner must be attached to this application)

Agent Signature

Printed Name/Title

Date Signed