



# CITY OF SANGER

Planning, Community & Economic Development  
1700 7<sup>th</sup> Street, Sanger, California, 93657  
Telephone 559-876-6300 x1540 / Fax 559-876-6323

## ZONE MAP / ZONE DISTRICT APPLICATION

FILE: Rezone No. \_\_\_\_\_ Prezone No. \_\_\_\_\_

**I. APPLICANT INFORMATION:** Please type or print the following information:

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person\*\*: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

**(\*\*Contact person should be an individual with adequate responsibility for the project)**

Others to be notified:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**II. ZONE CHANGE TYPE**

Map/District Amendment (See Section A)       Text Amendment (See Section B)

**A. MAP/DISTRICT AMENDMENT**

1. Zoning Change requested: From: \_\_\_\_\_ to \_\_\_\_\_  
**(Give Zoning Classifications)**

2. Requested property located at: \_\_\_\_\_

3. County Tax Assessor's Parcel Number(s): \_\_\_\_\_

4. Dimensions of property are: (width) \_\_\_\_\_ X (depth) \_\_\_\_\_

Total Square Footage = \_\_\_\_\_ Acreage (square feet x 43560) = \_\_\_\_\_ acres.

5. Explanation for the map amendment requested: \_\_\_\_\_

\_\_\_\_\_

6. Explain the reason why the property involved in this request is more suitable for the uses permitted in the proposed zone than for the uses permitted in the present zone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Explain why the uses in the proposed zone would not be detrimental to surrounding property(s):

\_\_\_\_\_

\_\_\_\_\_

Is the property owner listed above: YES  NO  Has Power of Attorney: YES  NO

If more than one ownership of land is to be pre-zoned or re-zoned, the signatures of all owners or authorized representatives are required:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**B. TEXT AMENDMENT (Attach additional sheets if necessary)**

1. Request to amend the following Sections in Chapter 90-Zoning Ordinance, Sanger City Code:

\_\_\_\_\_

2. Present wording: \_\_\_\_\_

\_\_\_\_\_

3. Proposed wording: \_\_\_\_\_

\_\_\_\_\_

4. Reasons for requesting text amendment: \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ Dated: \_\_\_\_\_