



**CITY OF ARCADIA
ZONING CLEARANCE**

ZCLR _____

PLEASE COMPLETE THE FOLLOWING INFORMATION (REQUIRED) :

PROJECT ADDRESS _____

APPLICANT(S) NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

TELEPHONE NO. _____

PROPERTY OWNER(S) NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

TELEPHONE NO. _____

ZONING CLEARANCE TYPE

- New Paving or Impervious Surfaces
- Antennas Wireless communication facilities
- Other _____

*****PLEASE ANSWER THE QUESTION ON PAGE 2*****

THE APPLICANT AND PROPERTY OWNER HEREBY DECLARE UNDER PENALTY OF PERJURY THAT ALL THE INFORMATION SUBMITTED FOR THIS APPLICATION IS TRUE AND CORRECT.

APPLICANT'S SIGNATURE

DATE

PROPERTY OWNER'S SIGNATURE

DATE

ACTION TAKEN

- APPROVED**
- CONDITIONALLY APPROVED**
- DENIED**

CONDITIONS/REASONS FOR DENIAL: _____

BY: _____ **DATE:** _____ **EXPIRATION:** _____

THERE IS A TEN (10) DAY APPEAL PERIOD FOR THIS APPLICATION. APPEALS MUST BE SUBMITTED IN WRITING TO THE COMMUNITY DEVELOPMENT DIVISION WITH A \$600.00 APPEAL FEE BY _____ P.M. ON _____.

DATE FILED _____ RECEIPT NO. _____ PAID _____ RECEIVED BY _____
ZCLR _____

