



# Legislative Amendment Application Form

Planning Division • Resource Management Agency • County of Ventura  
800 S. Victoria Ave. Ventura, CA. 93009 • 805 654-2488 • <http://www.ventura.org/rma/planning>

Permits Plus Case Number (issued by staff)

## Legislative Amendment Request

General Plan Amendment  
Zoning Ordinance Text Amendment  
Zone Change

Development Agreement  
Specific Plan

Description of Request: (Submit additional pages if necessary)

Project Address:

Community:

Assessor Parcel Number(s):

## Authorization

**Applicant is (check one):**      **Owner**      **Lessee**      **Has power of attorney**      **Authorized by owner**

Name: \_\_\_\_\_ Street Address, City, State & Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby make application for the above-referenced legislative amendment(s) and certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date mm/dd/yyyy*

### Property Owner:

(If same as applicant, write "Same." If more than one, please attach a consent letter for each property owner. If owner refuses or is unable to sign, provide copy of lease, title report or other documentation.)

Name: \_\_\_\_\_ Street Address, City, State & Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Property Owner*

\_\_\_\_\_  
*Date mm/dd/yyyy*

### Applicant's Engineer or Representative:

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Street Address, City, State & Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ Email: \_\_\_\_\_

### STAFF USE ONLY

Date Received: \_\_\_\_\_ General Plan/Area Plan: \_\_\_\_\_ Received By: \_\_\_\_\_

Zone: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Deposit Fee: \_\_\_\_\_ Previous Permit Number(s): \_\_\_\_\_ Violation No: \_\_\_\_\_  
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