

City of Jurupa Valley

Planning Department

8930 Limonite Avenue
Jurupa Valley, CA 92509
P: (951) 332-6464
F: (951) 332-6995
<http://www.jurupavalley.org>



APPEALING THE DECISION OF THE PLANING AGENCY:

<input type="checkbox"/> Site Development Permit	<input type="checkbox"/> Tentative Tract Map	FOR CITY USE ONLY Date Received: _____ Received By: _____ Hearing Date: _____ Case No(s): _____
<input type="checkbox"/> Variance	<input type="checkbox"/> Revision to Approved Plan	
<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Tentative Parcel Map	
<input type="checkbox"/> Design Review	<input type="checkbox"/> Time Extension	
<input type="checkbox"/> Initial Plan Review	<input type="checkbox"/> Zoning Clearance	
<input type="checkbox"/> Modification	<input type="checkbox"/> Substantial Conformance	
<input type="checkbox"/> Other action: _____		

Project Address: _____ **Assessor's Parcel Number:** _____ - _____ - _____

Zoning: _____ Lot Size: _____

General Plan Designation: _____ Present Use of Property/Existing Improvements: _____

Appellant's Name: _____

Address: _____ Telephone Number: _____ Fax Number: _____

City: _____ Zip Code: _____ Email: _____

Contact Person: _____

Address: _____ Telephone Number: _____ Fax Number: _____

City: _____ Zip Code: _____ Email: _____

Property Owner's Name: _____

Address: _____ Telephone Number: _____ Fax Number: _____

City: _____ Zip Code: _____ Email: _____

Explanation of the Appeal (What decision or part of a decision do you disagree with and why should the decision be overturned): _____

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Owner's Affidavit

STATE OF CALIFORNIA) SS:
COUNTY OF RIVERSIDE)

I/WE _____ BEING DULY SWORN, DEPOSE AND SAY, THAT I/WE AM/ARE THE OWNER (S) OF THE PROPERTY INVOLVED IN THIS PETITION, AND THAT THE FOREGOING STATEMENTS AND ANSWERS HEREIN CONTAINED AND THE INFORMATION HERewith SUBMITTED, ARE IN ALL RESPECTS TRUE AND CORRECT TO THE BEST OF KNOWLEDGE AND BELIEF.

SIGNATURE: _____
ADDRESS: _____
CITY: _____
TELEPHONE: _____

SIGNATURE: _____
ADDRESS: _____
CITY: _____
TELEPHONE: _____

NOTE: This application must be signed by the same persons, and in the same manner as that in which title is held. Before signing, please examine your deed or title insurance policy.

Appellant's Signature

Date

Office Use

Date: _____ Received By: _____ File Number: _____

* The Application form being signed under penalty of perjury does not require notarization.