

submitted at least 35 days prior to the public hearing date, except if project is Categorical Exempt, in order for this application to be considered complete.

**COMMUNITY DEVELOPMENT DEPARTMENT - PLANNING DIVISION
GENERAL PLAN AMENDMENT
APPLICATION**

City of Gilroy

7351 Rosanna Street
Gilroy, CA 95020
(408) 846-0440

File No. GPA Project # _____

**APPLICATIONS WILL BE PRESENTED TO
THE CITY COUNCIL QUARTERLY**

Please type or print the following information:

Applicant's Name: _____ Telephone: _____

Fax: _____ E-Mail address: _____

Address: _____

Contact Person: _____ Telephone: _____

Fax: _____ E-Mail address: _____

Address: _____

(The contact person should be an individual with adequate responsibility for the project to carry out all project negotiations with the City).

Others the applicant desires to have notified of meeting:

Name: _____ Address: _____

Name: _____ Address: _____

General Plan Amendment Type: Map (Part I) Text (Part II)

PART I. MAP AMENDMENT

A. Request is to amend the designation of the property located at: _____

B. Current designation: _____

C. Proposed designation: _____

D. County tax assessor's parcel numbers: _____

E. Approx. Acreage (square feet - 43560) = _____ acres.

F. Explain the benefits of the proposed designation for this parcel:

G. Explain why the property involved in this application is more suitable for the uses associated with the proposed designation than for the uses associated with the present designation:

H. Explain why the uses associated with the proposed designation would not be detrimental to surrounding property:

Applicant: Is owner of property described above Yes _____ No _____
Has power of attorney for owner(s) Yes _____ No _____

If more than one ownership of land is proposed for General Plan Amendment, obtain the signatures of all owners or authorized representatives:

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

PART II. TEXT AMENDMENT (attach additional sheets if necessary)

A. Request is to amend General Plan text Chapter(s) _____ Section(s) _____ Page(s) _____.

B. Present wording: _____

C. Proposed wording: _____

GENERAL PLAN AMENDMENT APPLICATION

D. Reasons for requesting Text amendment: _____

If you have any questions during the processing of this application, please contact the City of Gilroy, Planning Division at (408) 846-0440.

SIGNATURE OF PROPERTY OWNER: _____ Date: _____

SIGNATURE OF APPLICANT: _____ Date: _____

IF YOU REQUIRE ACCOMMODATIONS OR ASSISTANCE TO COMPLETE THIS APPLICATION PROCESS, DUE TO A DISABILITY AS DEFINED BY THE AMERICANS WITH DISABILITIES ACT, PLEASE DESCRIBE THE ACCOMMODATIONS YOU NEED: _____

DEPARTMENT OF COMMUNITY DEVELOPMENT - PLANNING DIVISION

Date Application Received: _____ Fee: _____

Received By: _____

This is to certify that the foregoing application and Environmental Assessment information has been submitted for review by the Planning Commission. City staff includes the City Attorney and any delegates from their firm, and any fees incurred

Date all required submittals received: _____ By: _____

Other applications filed: _____