

**CITY OF GILROY  
COMMUNITY DEVELOPMENT DEPARTMENT  
PLANNING DIVISION**

**Instructions for filing a ZONE CHANGE APPLICATION:**

No application will be accepted as complete without all of the following:

1. (a) Filing Fee for Map Amendment..... **\$4240.00**/first 10 acres plus  
**\$85.00**/add'l. 10 acres  
(b) Filing Fee for Zoning Ordinance Text Amendment.....**\$5005.00**  
  
(c) Filing fee for a joint Map Amendment and Zoning Ordinance Text Amendment application will be **\$9245.00** minimum\*, plus appropriate fees for acreage (see 1(a) above for computation of additional acreage fees)
2. Publishing Costs..... **\$330.00** deposit
3. Radius of Property.....**Staff hourly rate**
4. Postage for Public Notification of Public Hearing.....**Actual cost**
5. Environmental Review Fee  
(one of the following)
  - Categorical Exemption..... **\$170.00**
  - Publishing Costs..... **\$220.00** deposit
  - Initial Study Review..... **\$4625.00** minimum \*
  - Expanded Initial Study Review..... **\$7085.00** minimum \*
  - Environmental Impact Report Review.....**10%** of contract price with **\$14670.00** minimum deposit\*
  - Environmental Impact Report or Initial Study contract deposit.....**Actual contract cost + 10%**
  - Fish and Game fees that may be due as a result of an Initial Study..... **\$1,300.00** (includes \$50 clerk fee)  
**OR** an EIR (includes \$50 clerk fee)..... **\$900.00**
6. Application..... **1 copy**
7. Legal Description..... **1 copy**
8. Map of Property..... **8 copies (more may be needed)**  
(scale adequate to show entire property and adjacent streets on an 8 1/2" x 11" sheet)
9. Site (Plot) Plan including location map). **2 prints** (scale adequate to show entire parcel on 24" x 36" sheet)  
(**8** development prints if zoning to PUD) (more may be needed)
10. Any other displays or information which the applicant believes support the request.

**MAPS AND PLANS MUST BE COLLATED, STAPLED AND PUT INTO INDIVIDUAL SETS,  
FOLDED TO A SIZE NOT TO EXCEED 8 1/2" X 14" IN ORDER TO FIT INTO FILE FOLDERS OR  
THEY WILL BE RETURNED TO THE APPLICANT.**

**NOTE: Prior to submitting this application, the project proposal should be reviewed by the Planning Division.**

**\*Actual employee cost + 21% will be charged for City Staff review of adequacy and completeness of application. City staff includes the City Attorney and any delegates from their firm, and any fees incurred**

A. The map of property shall include:

1. Fully dimensioned parcel boundaries drawn to a scale adequate to show the entire property and adjacent streets or properties on an 8 1/2" x 11" sheet.
2. Address or location of property.
3. Size of parcel in square feet or acres.
4. A North arrow.

B. The Site Plan shall include:

1. Fully dimensioned parcel boundaries drawn to a scale adequate to clearly show the entire property and adjacent streets on a 24" x 36" sheet (folded to 8 1/2" x 14" to fit file folders).
2. A small location map clearly locating the property within the community.
3. Size of parcel in square feet or acres.
4. All access points to the property.
5. A North arrow.
6. Any additional information which would illustrate the proposal.

C. All information needed for Environmental Assessment (Initial Study or Environmental Impact Report) shall be submitted at least 35 days prior to the public hearing date, except if project is Categorically Exempt, in order for this application to be considered complete.

D. Zone Changes to Planned Unit Development designation shall be accompanied by complete development plans.

**COMMUNITY DEVELOPMENT DEPARTMENT - PLANNING DIVISION**  
**ZONE CHANGE APPLICATION**

**City of Gilroy**

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

File No. Z \_\_\_\_\_ Project #: \_\_\_\_\_

Please type or print the following information:

Applicant's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Others to be notified of meeting:

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

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

Zone Change Type:  Map (Part I)  Text (Part II)

**PART I. MAP AMENDMENT**

A. Zone Change requested: From \_\_\_\_\_ to \_\_\_\_\_  
(Give Zoning Classifications)

B. Request is to prezone or rezone the property located at: \_\_\_\_\_  
\_\_\_\_\_

C. County Tax assessor's parcel number(s): \_\_\_\_\_

D. Dimensions of property are: (width) \_\_\_\_\_ x (depth) \_\_\_\_\_

Total Square Footage = \_\_\_\_\_ sq. ft.

Acreage (square feet : 43560) = \_\_\_\_\_ acres.

E. Explain why there is a need for the zone which you request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Explain why the property involved in this application is more suitable for the uses permitted in the proposed zone than for the uses permitted in the present zone:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Explain why the uses permitted in the proposed zone would not be detrimental to surrounding property.

\_\_\_\_\_  
\_\_\_\_\_

Applicant: Is owner of property described above Yes \_\_\_\_\_ No \_\_\_\_\_  
Has power of attorney for owners Yes \_\_\_\_\_ No \_\_\_\_\_

If more than one ownership of land is to be rezoned or rezoned, obtain the signatures of all owners or authorized representatives:

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

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

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

A. Request is to amend Zoning Ordinance Chapter(s) \_\_\_\_\_ Section(s) \_\_\_\_\_ Page(s) \_\_\_\_\_

B. Present wording \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Proposed wording: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Reasons for requesting amendment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

PROPERTY OWNER SIGNATURE: \_\_\_\_\_ Dated: \_\_\_\_\_

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

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**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: \_\_\_\_\_**

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COMMUNITY DEVELOPMENT DEPARTMENT - 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.

Date all required submittals received: \_\_\_\_\_ By: \_\_\_\_\_

Other applications filed: \_\_\_\_\_