



MINOR VARIANCE REQUEST APPLICATION

City of Covina • Community Development Department

125 East College Street • Covina, California 91723 • (626) 384-5450 / Fax: (626) 384-5479

Address:	
Assessor's Parcel No. (City Staff):	Zoning District (City Staff):
Minor Variance Request – Commercial/Industrial/Other (<i>Check all that apply and describe below</i>):	
<input type="checkbox"/> Signage <input type="checkbox"/> Lot/Floor/Yard Area Reduction <input type="checkbox"/> Fence/Wall Height <input type="checkbox"/> Landscape Area <input type="checkbox"/> Building Encroachment into Required Yard Area <input type="checkbox"/> Other:	
Minor Variance Request – Residential (<i>Check all that apply and describe below</i>):	
<input type="checkbox"/> Lot/Floor Yard Area Reduction <input type="checkbox"/> Fence/Wall Height <input type="checkbox"/> Landscape Area <input type="checkbox"/> Building Encroachment into Required Yard Area <input type="checkbox"/> Other:	
Provide a full description of the request (along with any supplemental and related information/see below). Also fully describe the exceptional circumstances/conditions, necessity, and non-detrimental nature of the request (attach letter or supplemental description if needed):	
Property Owner's Name:	Phone No.:
Address:	
Business Name (as appropriate):	Phone No.:
Mailing Address:	
Contractor's Name (as appropriate):	Phone No.:
Address:	

MINIMUM REQUIREMENTS FOR FILING

1. Completed *Minor Variance Application* and submit filing fee. In addition, staff may request **a)** photographs of the site and building area; **b)** a site plan showing the location and orientation of the proposed feature(s) in relation to buildings, structures and lot lines; **c)** the design, size, structural details and calculations (if required by the Building Division); **d)** proposed colors and materials; and **e)** signage information per separate sign application
2. Provide/attach copies of letters which have been transmitted to adjacent property owner(s) located to the left and right side lot lines, rear property line and property owners who are directly across the front street from the front property line. The letters should describe the proposed request, advise of the date of application, and indicate that approval will not be granted for ten (10) calendar days from the date of the application request. During that time period, any questions or concerns should be directed to the Covina City Planning staff

APPLICANT'S AFFIDAVIT

I hereby certify that the statements and information contained herein are in all respects true and correct to the best of my knowledge and belief. Furthermore, I have been advised of City laws and regulations relating to minor variance requests and understand and agree to comply with all applicable ordinances and restrictions.

Applicant's Signature:	Date:
Applicant's Name (<i>print or type</i>):	Phone No.:
Address:	Zip Code:

FOR STAFF USE ONLY

Permit No.:	Received By:	Receipt No.:
Reviewed By:	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date: