



# City of Palm Desert / Department of Community Development GENERAL PLAN AMENDMENT APPLICATION

73-510 Fred Waring Drive • Palm Desert • California • 92260 • (760) 346-0611 • Fax (760) 776-6417

**Applicant:**

\_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Owner:**

\_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Representative:**

\_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Please send correspondence to (check one):** \_\_\_\_\_ Applicant \_\_\_\_\_ Property Owner \_\_\_\_\_ Representative

**Project Address(s):** \_\_\_\_\_

**Assessor Parcel Number(s):** \_\_\_\_\_

**Current General Plan Designation:** \_\_\_\_\_

**Proposed General Plan Designation:** \_\_\_\_\_

**REQUEST** (Describe the nature of approval requested):

\_\_\_\_\_

\_\_\_\_\_

**Property Owner Authorization:** The undersigned states that they are the owner(s) of the property described and herein give authorization for the filing of the application.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Applicant / Representative Signature:** By signing this application I certify that the information provided is accurate. I understand that the City might not approve what I am applying for and/or might require conditions of approval.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

**PROJECT NO: GPA** \_\_\_\_\_

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

**ACCEPTED BY:** \_\_\_\_\_

**City of Palm Desert  
General Plan Amendment Application**

**I. PURPOSE:**

The palm desert general plan may be amended in accordance with the California Government Code and procedures described in article 25.94 of the Palm Desert Municipal Code. Since state legislation provides that any mandatory element of a general plan may be amended no more than three (3) times during any calendar year, all applicants should check with the department of community development to verify that the proposed amendment would comply. State law requires that they be filed ninety (90) days prior to any proposed hearing dates. The Department of Community Development will investigate the request, prepare a report and recommendations, publish legal notices, and notify the applicant and adjacent property owners of the public hearings.

**II. SUBMITTAL REQUIREMENTS:**

1. Complete application form filled out with required signatures.
2. Any and all required plans and exhibits as described in the application.

**II. PROCEDURE:**

1. Applicant to submit complete application to the Department of Community Development for staff review. Staff will investigate the request, prepare a staff report with a recommendation, publish legal notices, and notify the applicant and adjacent property owners of the public hearings at Planning Commission and City Council.
2. The proposed general plan amendment will be presented to the Planning Commission, typically within 6-10 weeks from the time is submitted to staff. Some cases may take longer.
3. The proposed change of zone will then be presented to the City Council for final approval, typically within 4-6 weeks from the Planning Commission decision.

**III. SUPPORTING DATE:**

1. Legal description of property for which the amendment is requested:

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2. General location of property:

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3. Total gross area of site (if more than one designation is requested, give area for each):

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4. Existing land use designation: \_\_\_\_\_

5. Proposed land use designation: \_\_\_\_\_

6. Existing zoning: \_\_\_\_\_

7. The applicant shall submit a typewritten letter explaining (1) the rationale for the amendment, (2) why the existing General Plan designation is not valid, and (3) why the requested change is more appropriate.

**City of Palm Desert  
General Plan Amendment Application**

OWNER AND/OR OWNER'S AUTHORIZED AGENT  
AFFIDAVIT

STATE OF CALIFORNIA )  
COUNTY OF RIVERSIDE )  
CITY OF PALM DESERT )

I, (we), \_\_\_\_\_ being duly sworn  
depose and declare to the best of \_\_\_\_\_ knowledge that the  
(my/our)  
foregoing is true and correct under the penalty of perjury:

EXECUTED AT: \_\_\_\_\_  
(CITY) (STATE)

DATE: \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

APPLICANT, OWNER AND/OR OWNER'S AUTHORIZED AGENT:

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State and Zip)

\_\_\_\_\_  
(Area Code) Telephone Number