



City of Orland

Planning Division

815 Fourth Street
 Orland, CA 95963
 (530) 865-1600 FAX (530) 865-1632

www.cityoforland.com

ZONE CHANGE APPLICATION

APPLICANT INFORMATION		
Applicant:	Phone Number:	
Street Address:	Email:	
City:	State:	Zip:
Agent/Representative (If any):	Phone Number:	
Street Address:	Email:	
City:	State:	Zip:
Property Owner:	Phone Number:	
Street Address:	Email:	
City:	State:	Zip:
PROJECT INFORMATION		
Property Address:		
City:	State:	Zip:
Assessor's Parcel No.:	Existing Zoning District:	
Cross Streets:		
Describe existing use and site improvements (building sq. ft., number of parking spaces, etc.):		

Describe any proposed uses and site improvements (building sq. ft., number of parking spaces, etc.):				
SURROUNDING LAND USES AND ZONING DISTRICTS (PLEASE BE SPECIFIC)				
North:		South:		
West:		East:		
Topography:				
Vegetation:				
Water Supply:	Source or Type:	Provider:		
Existing:		Proposed:		
Sewage Disposal:	Existing:	Proposed:		
Fire Protection:	Existing:	Proposed:		
Storm Drainage:	Existing:	Proposed:		
School District:		Natural Hazards:		
FOR OFFICE USE ONLY				
APPLICATION NO.	PROJECT NO.	DATE RECEIVED	DATE APPLICATION CERTIFIED COMPLETE	
FEES RECEIVED/CHECK NO.	CEQA DETERMINATION			DATE FILED
	EXEMPT <input type="checkbox"/>	N.D. <input type="checkbox"/>	M.N.D. <input type="checkbox"/>	EIR. <input type="checkbox"/>