



APPLICATION FOR ZONE VARIANCE

City of La Habra Planning Department
110 East La Habra Blvd., P.O. Box 337, La Habra Ca 90633-0337
Phone: (562) 905-9724 Fax: (562) 905-9643
www.lahabracity.com

Office Use Only

ZV 20-01

APPLICANT

Property Owner(s) (use mailing address)

Name BLASH MOMENY
Address 5518 PASEO DEL LAJO E, 2E
LAGUNA WOODS, CA 92637
Phone: Home () _____
Work (X) 949-922-9584
Fax () _____

Representative (acting on behalf of the property owner(s))

Name _____
Address _____
Phone () _____
Work () _____
Fax () _____

CONTACT

Send all short-term correspondence to: Property Owner (✓) Representative ()

Send all long-term correspondence to: Property Owner (✓) Representative ()

INFORMATION

Location of Property HIDDEN LN. LA HABRA
Legal Description of Property Tract No. _____ Lot No. _____ or Attached ()
Assessors Parcel Number 017-271-21
Present Use _____ Present Zoning _____

REQUEST

Please state what is intended to be done with the property which does not comply with the provisions of the Zoning code:
REAR YARD SETBACK

PROPERTY OWNERS AFFIDAVIT

STATE OF CALIFORNIA)
COUNTY OF ORANGE) ss.
CITY OF LA HABRA)

I, (We) BLASH MOMENY, being duly sworn, depose and say that I am (we are) the owner (s)* of the property involved in this petition and that the statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my (our) knowledge and belief and that I (we) have the intention to proceed with the actual construction work in accordance with these plans within one (1) year from the date of granting of the Zone Variance and understand that this Zone Variance if granted, becomes null and void if I (we) do not proceed with the actual construction work in accordance with these plans within one (1) year from the granting of this Zone Variance.

SIGNED _____

SIGNED _____

Subscribed and sworn to before me this _____ day of _____ 20 _____

Notary Public in and for said County and State

*Power of attorney must accompany affidavit if signed by other than the actual owner of record.

OVER

see Attached

Please Type or Print

REQUIRED FINDINGS

The law states that no Variances shall be granted which would have the affect of granting a special privilege not shared by other property owners in the same zone or vicinity. Answers to these findings are essential. In your explanation of the proposal in the spaces below or on an attached sheet, please respond to these findings.

- A. That there are exceptions or extraordinary circumstances or conditions applicable to the property involved or the intended use of the property that do not apply generally to the property or class of use in the same zone or vicinity.
- B. That the granting of such Variance will not be materially detrimental to the public welfare or injurious to the property or improvements in such area or vicinity in which the property is located
- C. That such Variance is necessary for the preservation and enjoyment of a substantial property right of the applicant possessed by other property owners in the same zone or vicinity.
- D. That the granting of such Variance will not adversely affect the Comprehensive General Plan.

EXPLANATION OF PROPOSAL

Please explain what exceptional or extraordinary circumstances or conditions apply to your property.

THE DEPTH OF THE PROPERTY IS IN FACT THE WIDTH OF THE PIECE

NOTICE

Approval of your plot plans and specifications are subject to all conditions and requirements which may be imposed by the City of La Habra Planning Commission and/or City Council.

The approval of your plot plans and specifications SHALL NOT be held to permit or approve any omission or deviation from, or any violation of the provisions of any city codes or ordinances or state laws except for the above specifically requested Conditional Use under a section of the City of La Habra Zoning Code.

FOR OFFICE USE ONLY:

Application and Fee Received By DAVID LOPEZ Date 2/27/20

Amount \$ _____

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

~~_____

 _____~~

Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
 County of Orange

Subscribed and sworn to (or affirmed) before me
 on this 06 day of February, 2019,
 by Blash Momeny
 (1) _____
 (and (2) _____),
 Name(s) of Signer(s)



Place Notary Seal and/or Stamp Above

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
 Signature Merchant Lee Collier IV
 Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Application for Zone Variance City of La Habra Planning Department
 Document Date: 02-06-2019 Number of Pages: 1
 Signer(s) Other Than Named Above: None



APPLICATION FOR ZONE VARIANCE

City of La Habra Planning Department
110 East La Habra Blvd., La Habra Ca 90631
Phone: (562) 383-4100 Fax: (562) 383-4476

Office Use Only
ZV 21-01

APPLICANT

Property Owner(s) mailing address Name <u>BLASH MOMENY</u> Address <u>5518 PASSED DEL LAGO</u> <u>#2E, LAGUNA WOODS, CA</u> <u>92637</u> Phone: Home () _____ Work <u>949 922-9584</u> E-mail <u>BLASH@AIDGENT.COM</u>	Person to be contacted other than the property owner Name <u>SAME</u> Address _____ Phone () _____ () _____ E-mail _____ Affiliation _____
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INFORMATION

Address of Subject Property 161 W. HIDDEN LN., LA HABRA, CA 90631
 Legal Description of Property Tract No. _____ Lot No. _____ or Attached () _____
 Assessors Parcel Number 017-271-21
 Present Use RES. Present Zoning RES.

REQUEST

Please state what is intended to be done with the property which does not comply with the provisions of the Zoning code:
SINGLE FAMILY RESIDENCE

PROPERTY OWNERS AFFIDAVIT

STATE OF CALIFORNIA
 COUNTY OF Orange

I, (We) BLASH MOMENY, being duly sworn, depose and say that I am (we are) the owner (s)* of the property involved in this petition and that the statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my (our) knowledge and belief and that I (we) have the intention to proceed with the actual construction work in accordance with these plans within one (1) year from the date of granting of the Zone Variance and understand that this Zone Variance if granted, becomes null and void if I (we) do not proceed with the actual construction work in accordance with these plans within one (1) year from the granting of this Zone Variance.

SIGNED [Signature]
 SIGNED _____

Subscribed and sworn to (or affirmed) before me this 14th day of January, 2021

[Signature]
 A notary public in and for said County and State
 *Power of attorney must accompany affidavit if signed by other than the actual owner of record.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

JUDY A. STURDIVANT
 COMM. #2331402
 Notary Public - California
 Orange County
 My Comm. Expires Aug. 11, 2024

REQUIRED FINDINGS

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- C. That such Variance is necessary for the preservation and enjoyment of a substantial property right of the applicant possessed by other property owners in the same zone or vicinity.
- D. That the granting of such Variance will not adversely affect the Comprehensive General Plan.

EXPLANATION OF PROPOSAL

Please explain what exceptional or extraordinary circumstances or conditions apply to your property.

CODE REQUIRES LOT SIZE TO BE 7200 SQ. FT.
 DUE TO SMALLER LOT SIZE, DEVELOPMENT ON
 THIS LOT CREATES HARD SHIP, SINCE THE
 LOT IS 5,191 SQ. FT.
 PLANNING DEPT. WANTS ME TO APPLY
 FOR CODE WAIVER FOR MINIMUM LOT
 SIZE

NOTICE

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FOR OFFICE USE ONLY:

Application and Fee Received By DAVID LOPEZ Date 1-28-21

Amount \$ _____