



CITY OF CHULA VISTA
 PLANNING DIVISION
 276 Fourth Avenue
 Chula Vista, CA 91910
 (619) 691-5101

USE DETERMINATION
 REQUEST FORM

TO BE COMPLETED BY APPLICANT

PROPERTY ADDRESS: _____

BUSINESS NAME: _____

DETAILED DESCRIPTION OF PROPOSED USE:

APPLICANT: _____ PHONE: _____

MAILING ADDRESS: _____

APPLICANT SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY STAFF

PLANNER ASSIGNED: _____ DATE: _____

ZONING: _____ GENERAL PLAN: _____

REDEVELOPMENT AREA: _____ MONTGOMERY? _____

SIMILAR USES

ZONE ALLOWED

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

STAFF ANALYSIS

RECOMMENDATION: _____

DETERMINATION

PLANNING DIRECTOR DETERMINATION: _____

DIRECTOR SIGNATURE: _____ DATE: _____

REFERRED TO PLANNING COMMISSION FOR DETERMINATION? _____ YES _____ NO
(IF YES, ATTACH INTERPRETATION OR MINUTES)

ACTION
