



# Zoning Compliance Letter

Community Development Department  
Planning Division

100 Civic Center Drive / P.O. Box 1768 / Newport Beach, CA 92658-8915

(949)644-3204 Telephone / (949)644-3229 Facsimile

[www.newportbeachca.gov](http://www.newportbeachca.gov)

## General Information

A Zoning Compliance Request Application provides a means for staff to respond to inquiries regarding a parcel's compliance with the City's Code, or, if not in compliance with the Code, whether it is legally nonconforming. To complete the request, follow the instructions below.

## Instructions/Procedure

1. Apply and pay online by logging in to the [CiViC portal](#). For printed applications follow the steps below.
2. Complete the Zoning Compliance request Application by:
  - Typing or clearly printing the following: Property Owner(s)/Contact(s) name, address, phone number, fax number, and email address; Applicant(s)/Contact(s) name, address, phone number, fax number, and email address; Site/Project address and assessor's parcel number (APN).
  - Indicate the type of information you would like in the letter by placing a check in the box next to the items listed in the Information Request section. Type or clearly print on the 'Other' line any additional items for which you need information.
3. Submit the Application with the [current application fee](#) to the Planning Division. (An application and check can be submitted by mail for processing.)
4. Staff will respond to the request in writing and send the response to the applicant(s)/contact(s) unless otherwise indicated or notified.

## Additional Information

For information regarding zoning code violations, Building Code Violations or information concerning Certificate of Occupancy, please submit a [separate request here](#) or contact Records Specialist Amanda Lee at [alee@newportbeachca.gov](mailto:alee@newportbeachca.gov). For all other questions, contact the Planning Division at (949) 644-3200.



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## PROPERTY OWNER(S)

|         |             |          |
|---------|-------------|----------|
| NAME    |             |          |
| ADDRESS | CITY, STATE | ZIP CODE |
| EMAIL   | PHONE NO.   | FAX NO.  |

## APPLICANT(S)/CONTACT(S)

|         |             |          |
|---------|-------------|----------|
| NAME    |             |          |
| ADDRESS | CITY, STATE | ZIP CODE |
| EMAIL   | PHONE NO.   | FAX NO.  |

## SITE/PROJECT

|         |                       |
|---------|-----------------------|
| ADDRESS | ASSESSOR'S PARCEL NO. |
|---------|-----------------------|

## INFORMATION REQUEST

Please Check the box(es) next to the requested information

- Current zoning/General Plan designation of the property
- Overlay district
- Abutting Zoning/General Plan designation
- Discretionary Approvals
- Legal nonconforming uses or structures
- Developed with Site Plan approval
- Other (attach additional sheet(s)) if necessary: \_\_\_\_\_

## DO NOT COMPLETE APPLICATION BELOW THIS LINE – FOR OFFICE USE ONLY

|                  |              |                |          |
|------------------|--------------|----------------|----------|
| Date Received:   | Planner      | Ext.           | Remarks: |
| Fee Paid:        | Target Date: |                |          |
| Form of Payment: | Check No.    | Date Completed |          |
| Receipt No.      | Date Mailed: |                |          |