

Recorded at the request of and mail to:

(Name)

(Address)

City, State, & Zip

AFFIDAVIT

BOARD OF BUILDING AND SAFETY COMMISSIONERS

Resolution No. 832-93

(Pre-printed text shall not be changed except when done by an authorized Building and Safety employee.)

I, _____ do state and declare as follows that:

1. The name and mailing address of the owner of the property (as defined in Resolution 832-93) at:

Address: _____

as shown on the appeal application (LADBS Req. Mod.1) is correct, and

2. The owner of the property as shown on the appeal application will be made aware of the appeal and will receive a copy of the appeal.

I declare under penalty of perjury that the foregoing is true and correct.

**CARTOGRAPHER'S
USE ONLY**

Owner's Name(s) _____ (Please type or print) _____ (Please type or print) _____

Owner's Signature(s) _____ (sign) _____

Two Officers' Signatures _____ (sign) _____

Required for Corporations _____ (sign) _____

Name of Corporation _____

Dated this _____ day of _____ 20 _____

SIGNATURES MUST BE NOTARIZED

(STATE OF CALIFORNIA, COUNTY OF _____)

On _____ before me, _____, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

FOR DEPARTMENT USE ONLY

MUST BE APPROVED BY the Dept. of Building and Safety prior to recording

Covenant for City Department _____
To be completed for City owned property only.

APPROVED BY: _____ Date: _____