City of Marina



City of Marina
211 HILLCREST AVENUE
MARINA, CA 93933
831- 884-1278; FAX 831- 384-9148
www.ci.marina.ca.us

AFFIDAVIT

Appi	ilicant(s):	
Appl	licant's Name:	
Appl	Applicant's Signature:Date:	
Appl	licant's Name:	
Applicant's Signature:Date:		Date:
1.	I attest to the truth and correctness of all the facts, exhibits, maps, and attachments presented with and made a part of this application.	
2.	I understand that a planner will visit the subject site in connection with this application.	
3.	I agree to pay all required application fees and cost.	
4.	I have contacted the owner and he has given his permission to process this application, or I am the property owner.	
<u>Prop</u>	perty Owners: (REQUIRED)	
Prop	perty Owner's Name:	
Property Owner's Signature:Date:		
Prop	perty Owner's Name:	_
Property Owner's Signature:Date:		
1.	I am the owner of the property involved in this application, and I consent to the preparation and submission of this application and authorize the person named above to act on my behalf regarding this application	