Return to Agenda

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

Applicant(s):

Applicant's Name:_____

Applicant's Signature:_____Date:_____

Applicant's Name:_____

Applicant's Signature:_____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.*
   .

Property Owners: **(REQUIRED)**

Property Owner's Name:_____

Property Owner's Signature:_____Date:_____

Property 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*