



RIVERSIDE COUNTY PLANNING DEPARTMENT

Charissa Leach, P.E,
Assistant TLMA Director

APPLICATION FOR A HISTORIC DISTRICT ALTERATION PERMIT

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

APPLICATION INFORMATION:

Applicant Name: _____

Contact Person: _____ E-Mail: _____

Mailing Address: _____
Street

_____ City State ZIP

Daytime Phone No: (____) _____ Fax No: (____) _____

Engineer/Representative Name: _____

Contact Person: _____ E-Mail: _____

Mailing Address: _____
Street

_____ City State ZIP

Daytime Phone No: (____) _____ Fax No: (____) _____

Property Owner Name: _____

Contact Person: _____ E-Mail: _____

Mailing Address: _____
Street

_____ City State ZIP

Check this box if additional persons or entities have an ownership interest in the subject property(ies) in addition to that indicated above; and attach a separate sheet that references the property address and/or assessor's parcel number and list those names, mailing addresses, phone and fax numbers, and email addresses; and provide signatures of those persons or entities having an interest in the real property(ies) involved in this application.

Riverside Office · 4080 Lemon Street, 12th Floor
P.O. Box 1409, Riverside, California 92502-1409
(951) 955-3200 · Fax (951) 955-1811

Desert Office · 77-588 El Duna Court, Suite H
Palm Desert, California 92211
(760) 863-8277 · Fax (760) 863-7555

"Planning Our Future... Preserving Our Past"

APPLICATION FOR HISTORIC DISTRICT ALTERATION PERMIT

PROPERTY INFORMATION:

Assessor's Parcel Number(s): _____

Approximate Gross Acreage: _____

General location (nearby or cross streets): North of _____, South of _____, East of _____, West of _____.

AUTHORITY FOR THIS APPLICATION IS HEREBY GIVEN:

I certify that I am/we are the record owner(s) or authorized agent, and that the information filed is true and correct to the best of my knowledge, and in accordance with Govt. Code Section 65105, acknowledge that in the performance of their functions, planning agency personnel may enter upon any land and make examinations and surveys, provided that the entries, examinations, and surveys do not interfere with the use of the land by those persons lawfully entitled to the possession thereof.

(If an authorized agent signs, the agent must submit a letter signed by the owner(s) indicating authority to sign on the owner(s)'s behalf, and if this application is submitted electronically, the "wet-signed" signatures must be submitted to the Planning Department after submittal but before the subdivision is ready for public hearing.)

_____	_____
<i>PRINTED NAME OF PROPERTY OWNER(S)</i>	<i>SIGNATURE OF PROPERTY OWNER(S)</i>
_____	_____
<i>PRINTED NAME OF PROPERTY OWNER(S)</i>	<i>SIGNATURE OF PROPERTY OWNER(S)</i>

The Planning Department will primarily direct communications regarding this application to the person identified above as the Applicant. The Applicant may be the property owner, representative, or other assigned agent.

ALTERATION DESCRIPTION

Proposal (Include proposed alterations to all structures, windows, siding, roof, signage etc.)

This completed application form, together with all of the listed requirements provided on the Historic District Alteration Permit Application Filing Instructions Handout, are required in order to file an application with the County of Riverside Planning Department.

Y:\Current Planning\LMS Replacement\Condensed P.D. Application Forms\295-1081 HAP Condensed Application.docx
Created Date: 07/17/2014 Revised: 07/30/2018