



RIVERSIDE COUNTY
PLANNING DEPARTMENT

Steve Weiss, AICP
Planning Director

INDEMNIFICATION AGREEMENT PROPERTY OWNER
INFORMATION

Date Submitted: _____

Supervisorial District: _____

Enter **ALL** Application Numbers assigned for project in County of Riverside Planning Department:

Application Number(s):	Date Filed:	Application Number(s):	Date Filed:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Assessor Parcel Number(s):

The property is owned by:

- Sole Ownership
- Sole Proprietorship
- Partnership
- Limited Liability Company (LLC)
- Corporation
- Trust

The property is leased by (If any): _____

The Lessee is the applicant: Yes No

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) 863-7040

"Planning Our Future... Preserving Our Past"

INDEMNIFICATION AGREEMENT PROPERTY OWNER INFORMATION

Provide the following documentation:

- A Preliminary Title Report issued by a title company licensed to business in the State of California dated less than 30 days prior to the date of submittal of this application.
- Documentation proving who has authority to sign the agreement, such as:
 - If Limited Liability Company: Please provide the Operating Agreement;
 - If Corporation: Please provide Articles of Incorporation and corporate resolution re: authority to execute agreements on behalf of the corporation;
 - If Partnership: Please provide either an LP1 or LP5 document, filed with the Secretary of State, and partnership agreement;
 - If Trust: Please provide a certified abstract of the trust.
- For out of State legal entities, please provide document showing registration with the California Secretary of State.

Property Owner Name: _____

Contact Person: _____ E-Mail: _____

Mailing Address: _____
Street

_____ *City* *State* *ZIP*

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

Lessee/Applicant Name: _____

Contact Person: _____ E-Mail: _____

Mailing Address: _____
Street

_____ *City* *State* *ZIP*

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

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.

INDEMNIFICATION AGREEMENT PROPERTY OWNER INFORMATION

Additional Parties to be notified:

Name: _____

Contact Person: _____ E-Mail: _____

Mailing Address: _____
Street

City State ZIP

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

Name: _____

Contact Person: _____ E-Mail: _____

Mailing Address: _____
Street

City State ZIP

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

Name: _____

Contact Person: _____ E-Mail: _____

Mailing Address: _____
Street

City State ZIP

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

NOTES:

- 1) Applications must include all of the information requested information and documents.
- 2) Incomplete applications will not be accepted.
- 3) Additional information may be required after the initial application submittal and County review.

Y:\Current Planning\LMS Replacement\Condensed P.D. Application Forms\295-1082 Indemnification Agreement Information.docx
Created: 8/28/2015 Revised: 12/21/2016