



RIVERSIDE COUNTY PLANNING DEPARTMENT

Charissa Leach, P.E.
Assistant TLMA Director

REQUEST FOR ZONING AFFIDAVIT & REBUILD LETTER

CHECK ONE AS APPROPRIATE:

Zoning Affidavit

Rebuild Letter

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: (____) _____

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.

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.

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"

REQUEST FOR ZONING AFFIDAVIT & REBUILD LETTER

(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.)

<u>PRINTED NAME OF PROPERTY OWNER(S)</u>	<u>SIGNATURE OF PROPERTY OWNER(S)</u>
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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.

PROJECT INFORMATION

Describe in detail your request for the subject property. _____

Check this box and attach additional pages, if necessary, to thoroughly explain the request.

Assessor's Parcel Number(s): _____

Site Address _____

Approximate Gross Acreage: _____

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

This completed application form, together with all of the listed requirements provided on the Request for Zoning Affidavit & Rebuild Letter 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\295-1028 Request for Zoning Affidavit & Rebuild Letter.docx
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