



John E. Hildebrand  
Planning Director

# RIVERSIDE COUNTY PLANNING DEPARTMENT

## REQUEST FOR CHANGE OF APPLICANT

### PROJECT/PLAN INFORMATION:

Project/Plan Number(s):

Set I.D. No. (if any):

Applicable to All Concurrent Plans:  Yes/  No

### CURRENT APPLICANT INFORMATION:

Applicant/Billing Contact:

Contact Person:

*First Name*

*Middle Name*

*Last Name*

E-mail Address:

Mailing Address:

*Street Number*

*Street Name*

*Unit or Suite*

*City*

*State*

*Zip Code*

Daytime Phone No.:

Mobile Phone No.:

**Note: Current applicant agrees to waive all responsibilities, fees, and refunds for the above noted project/plan(s).**

Signature of Current Applicant:

Date:

### NEW APPLICANT INFORMATION:

Applicant/Billing Contact:

Contact Person:

*First Name*

*Middle Name*

*Last Name*

E-mail Address:

Mailing Address:

*Street Number*

*Street Name*

*Unit or Suite*

*City*

*State*

*Zip Code*

Daytime Phone No.:

Mobile Phone No.:

**Note: New applicant agrees to all responsibilities, fees, and refunds for the above noted project/plan(s).**

Signature of New Applicant:

Date:

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### FOR OFFICE USE ONLY

Request verified by:

Date:

Date Processed:

Comments: