



John Hildebrand  
Planning Director

# RIVERSIDE COUNTY PLANNING DEPARTMENT

## REQUEST FOR APPLICATION WITHDRAWAL OR TRANSFER OF RIGHTS

Request Date:

### PROJECT/PLAN INFORMATION:

Project/Plan Number(s):

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

### APPLICANT INFORMATION

Applicant 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:** Only the applicant of record, as shown in the County Public Land Use System (PLUS), can request withdrawal of Project/Plan application(s).

(Check the Appropriate Box(es))

I \_\_\_\_\_ hereby verify that I am the applicant of record and request to withdraw the above-referenced Project/Plan application(s) currently on file with the County of Riverside Planning Department.

*Check box if all concurrent plans are to be withdrawn.*

I \_\_\_\_\_ hereby verify that I am not the applicant of record, but have provided relative documents as proof of applicant transfer and request to withdraw the above-referenced Project/Plan application(s) currently on file with the County of Riverside Planning Department

# REQUEST FOR APPLICATION WITHDRAWAL OR RIGHTS TRANSFER

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*Check box if all concurrent plans are to be withdrawn.*

I \_\_\_\_\_ verify that I am the applicant of record, but no longer wish to continue as such, and hereby transfer all rights, privileges, and responsibilities to the new applicant, as indicated below, who verifies receipt thereof.

*Check box if all concurrent plans are to be transferred.*

<b>NEW Applicant Contact:</b> _____		
Contact Person:		
<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
E-mail Address:		
Mailing Address:		
<i>Street Number</i>	<i>Street Name</i>	<i>Unit or Suite</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>
Daytime Phone No.:		Mobile Phone No.:

\_\_\_\_\_  
*Signature of Existing Applicant*

\_\_\_\_\_  
*Signature of New Applicant*

*Date Signed*

*Date Signed*