



SECOND UNIT AMNESTY APPLICATION

Project Address: _____

Parcel Number: _____

APPLICANT

Name: _____

Address: _____

City/State/Zip: _____

Phone (w): _____

(h): _____

(f): _____

PROPERTY OWNER

Name: _____

Address: _____

City/State/Zip: _____

Phone (w): _____

(h): _____

(f): _____

Please indicate with an asterisk * the contact person for this project.

AFFADAVIT/SIGNATURE: I hereby certify under penalty of perjury that the information given herein is true and correct to the best of my knowledge and belief.

Applicant's signature: _____ Date: _____

I know about the proposed application and hereby authorize the above applicant to submit this application to the Planning Department.

Property owner's signature: _____ Date: _____

Date submitted: _____

Note: Property owners and applicants will not be penalized if the second unit on the property does not meet the amnesty requirements.