

CITY OF REDLANDS APPLICATION FOR DEMOLITION PERMIT

Development Services Department, Planning Division 35 Cajon Street, Suite 20 Redlands, CA 92373 Phone (909) 798-7555 option 2

				FOR STAFF USE ONL
			Date I	Received:
			Der	nolition №:
			Date deemed	Complete:
			HSPC Hea	aring Date:
BUILDING OWNER				
Owner's Name(s):				
Mailing Address:				
City:	S	tate:	Zip	Code:
Phone:	E-mail:			
OWNER'S REPRESENTATIVE				
Representative's Name:				
Mailing Address:				
City:	S	tate:	Zip	Code:
Phone:	E-mail:			
BUILDING INFORMATION				
Site Address(es):				
APN(s):				
Buildings to be Den	nolished	9	Square-Feet	Construction Date
☐ Dwelling 1	ilononea		<u> </u>	Constitution Date
☐ Dwelling 2				
☐ Garage				
□ Shed				
☐ Other (specify):				
☐ Other (specify):				

If more space is needed, attach additional sheet providing the information above.

Other	Information or Comments:	
NOTE	TO APPLICANT	
Comm	ations for demolitions may be reviewed by the ission of the City of Redlands. Staff can provious demolition request.	
SUBM	ITTAL REQUIREMENTS (Note: Incomplete ap	oplications will not be accepted.)
All Ap	plications:	
	Completed and signed Demolition Permit Ap	pplication Form
	Provide documentary photographs of each services - Photos of each elevation or side of the services - Close-up color photos of architectural deservices - One printed full-color copy of each photose - Electronic copy of each photo (such as a	tructure(s) tails
	Pay applicable filing fee(s)	
Struct	ures 50 years of age and older, may have his	torical significance, or referred to Commission:
	One 300-foot radius map based on Assesso One (1) set of mailing labels plus an original Signed and notarized Certification form for the	for property owners in 300 ft. radius; and
PROP	ERTY OWNER'S AUTHORIZATION	
I,		am the owner of the property described
	Owner's Name	
above i	in this application and hereby authorize	Applicant / Representative Name
to act o	on my behalf on matters pertaining to this application	on.
Propert	ty Owner's Signature:	Date:
Propert	ty Owner's Signature:	Date:

Note: If more than one property owner, a separate page must be attached listing the names and addresses of all persons (if a corporation, list officers and principals) having interest in the property ownership.

CITY OF REDLANDS DEVELOPMENT SERVICES DEPARTMENT PLANNING DIVISION

LETTER OF CERTIFICATION*

State of California County of San Bernardino City of Redlands

roll of the (County of San Bernaterior boundaries of	ardino within the area de property legally described	_, hereby certify that attached list contains the names sessed as they appear on the latest available assessment escribed and for a distance of three hundred feet (300') d as:
I/we certify and correct		enalty of perjury under the	e laws of the State of California) that the foregoing is true
Name:			
Signature:			Date:
State of Ca	llifornia, County of		
Subscribed	and sworn to (or aff	irmed) before me	
on this	day of	, 20	
by			
	me on the basis of sa son(s) who appeared	atisfactory evidence to before me.	
Signature:_			
			r firm preparing the required three hundred foot roperty owner mailing labels.