

RECORDING REQUESTED BY

City of Glendale, Planning Division

WHEN RECORDED MAIL TO

City of Glendale, Planning Division
633 E. Broadway, Room 103
Glendale, CA 91206-4386
Attention: Director of Community Devel.

(Space above this line for Recorder's use)



ACCEPTANCE AFFIDAVIT

Your project approval requires that you sign and register an Acceptance Affidavit with the Los Angeles County Recorder's Office: 1) Fill out the Acceptance Affidavit; 2) Get the document notarized; 3) Submit to Los Angeles County Recorder's Office; and 4) Return recorded certified copy to the Planning Division for final approval.

Please PRINT or TYPE all information

Permit Number _____

Property Address _____, State of California, County of Los Angeles, City of Glendale
I/We _____, hereby declare under penalty of perjury that I/we am/are the owner/s of the property described above. I/we am/are aware of, and accept, all conditions of approval in _____, attached hereto as Exhibit A and incorporated herein by reference, of the Planning Division, City of Glendale.

PROPERTY OWNER'S INFORMATION

1. _____ Property Owner's Signature	2. _____ Property Owner's Signature	3. _____ Property Owner's Signature
_____ Name – typed or printed	_____ Name – typed or printed	_____ Name – typed or printed
_____ Street Address	_____ Street Address	_____ Street Address
_____ City State Zip Code	_____ City State Zip Code	_____ City State Zip Code
_____ Phone No. Date	_____ Phone No. Date	_____ Phone No. Date

ALL PURPOSE ACKNOWLEDGEMENT

State of _____

County of _____

On _____ before me, _____
Name, Title of Officer (e.g., Jane Doe, Notary Public)

Personally appeared

Name(s) of Signer(s)

Personally known to me - OR - proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/their authorized capacity(ies), and that by his/her/their signatures (s) on the instrument the person(s), or the entity upon behalf of which the person (s) acted, executed the instrument.

Witness my hand and official seal.

Signature of Notary

CAPACITY CLAIMED BY SIGNER

- INDIVIDUALS
- CORPORATE
- PARTNERS
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- SUBSCRIBING WITNESS
- GUARDIAN/CONSERVATOR
- OTHER _____

SIGNER IS REPRESENTING
(Name of person(s) or entity(ies))

ATTENTION NOTARY: Although the information requested below is OPTIONAL, it could prevent fraudulent attachment of this certificate to unauthorized document.

THIS CERTIFICATE
MUST BE ATTACHED
TO THE DOCUMENT
DESCRIBED AT RIGHT:

Title or type of document _____
Number of pages _____ Date of document _____
Signer(s) other than named above _____