



OWNER CERTIFICATION FORM FOR ELECTRONIC PLANNING PROJECT APPLICATIONS

City of Sausalito | Community Development Department
420 Litho Street | Sausalito, CA 94965 | (415) 289-4128 | cdd@sausalito.gov

ZONING PERMIT APPLICATION

I, THE PROPERTY OWNER, HEREBY AUTHORIZE THE APPLICANT DESIGNATED IN THE ZONING PERMIT APPLICATION TO ACT AS MY REPRESENTATIVE DURING CONSIDERATION OF THIS PROJECT BY THE CITY OF SAUSALITO.

PRINTED NAME	
SIGNATURE	
DATE	
PROJECT ADDRESS	

OCCUPATIONAL USE PERMIT APPLICATION

I, THE PROPERTY OWNER OR PROPERTY MANAGER, CERTIFY UNDER PENALTY OF PERJURY, THAT THE FACTS AND INFORMATION CONTAINED WITHIN THE OCCUPATIONAL USE PERMIT APPLICATION ARE ACCURATE TO THE BEST OF MY KNOWLEDGE. THE APPLICANT DESIGNATED IN THE OCCUPATIONAL USE PERMIT APPLICATION IS AUTHORIZED TO SUBMIT THIS APPLICATION TO THE CITY OF SAUSALITO.

PRINTED NAME	
SIGNATURE	
DATE	
PROJECT ADDRESS	