



**CITY OF SAN JUAN BAUTISTA**

P.O. Box 1420, 311 Second Street  
San Juan Bautista, Ca 95045

**PLANNING DEPARTMENT**

Phone: (831) 623-4661  
Fax: (831) 623-4093

**DECLARATION UNDER PENALTY OF PERJURY**

**AFFIDAVIT:**

1. *I attest under penalty of perjury to the truth and correctness of all the facts, exhibits, maps, and attachments presented with and made a part of this application.*
2. *I understand that a planner will visit the subject site in connection with this application.*
3. *I agree to pay all required application fees and cost.*
4. *I have contacted the owner and he has given his permission to process this application, or I am the property owner.*

Applicant(s):

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AFFIDAVIT:**

1. *I am the owner of the property involved in this application, and I consent to the preparation and submission of this application.*

Property Owners:

Property Owner's Name: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_