



**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:**

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

**Property Owner(s):**

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

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

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

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