

**AFFIDAVIT**

**BOARD OF BUILDING AND SAFETY COMMISSIONERS  
Resolution No. 832-93**

(Pre-printed text shall not be changed except when done by an authorized Building and Safety employee.)

I, \_\_\_\_\_ do state  
(print or type name(s) of the person(s) signing this form)

and declare as follows:

1. The name and mailing address of the owner of the property (as defined in Resolution 832-93) at  
\_\_\_\_\_ as shown on the  
(print or type job address)

appeal application (LADBS-Req Mod.1) are correct, and

2. The owner of the property as shown on the appeal application will be made aware of the appeal and will receive a copy of the appeal.

I declare under penalty of perjury that the foregoing is true and correct.

<b>CARTOGRAPHER'S USE ONLY</b>	Owner's Name(s) _____ (Please type or print)	_____ (Please type or print)
	Signature of Owner's Name(s) (sign)	_____ (sign)
	Two Officers' Signatures Required for Corporations	_____ (sign)
	Name of Corporation	_____
	Dated this _____ day of _____	20 _____

**SIGNATURES MUST BE NOTARIZED  
(Notary acknowledgement must be attached)**

**FOR DEPARTMENT USE ONLY**

MUST BE APPROVED BY the Dept. of Building and Safety prior to recording

Covenant for City Department \_\_\_\_\_  
To be completed for City owned property only.

APPROVED BY: \_\_\_\_\_ Date: \_\_\_\_\_