



Community Development Department
14000 City Center Dr., Chino Hills, CA 91709
(909) 364-2740
communitydevelopment@chinohills.org

PROPERTY OWNER AUTHORIZATION TO SUBMIT APPLICATION

Subject Property (Address or APN No.) _____

Application for: _____

I/we certify under penalty of perjury that I/we am/are the (check one below):

☐ Applicant/Management Company (Section 2 & 3) ☐ Property Owner (Section 1) ☐ Authorized Agent (Section 2 & 3)

I/we, the undersigned owner(s) or authorized agent for the person(s)/organization owning the subject land(s), state that I/we am/are aware of and authorize the above referenced application to be filed with the City of Chino Hills Community Development Department.

I (we) further agree that if any such information proves false or incorrect, the City of Chino Hills and any special purpose or taxing district affected thereby are, and shall be, released from any liability incurred if the application is approved.

When submitting as an "Authorized Agent" or "Applicant/Management Company" on behalf of the property owner(s), print the names of EVERY owner in the designated area below and attach a notarized copy of the Power of Attorney or a notarized letter of authorization.

SECTION 1: PROPERTY OWNER(S) SIGNATURE(S)

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Date Signed: _____

SECTION 2: AUTHORIZED AGENT/APPLICANT/MANAGEMENT COMPANY SIGNATURE(S)

Print Name: _____ Signature: _____

Company/Firm: _____ Title: _____

Phone: _____ Email: _____

Date Signed: _____

SECTION 3: IF SIGNED BY AUTHORIZED AGENT/APPLICANT/MANAGEMENT COMPANY:

Provide the names of EVERY property owner **AND** attach *notarized* Power of Attorney or *notarized* Letter of Authorization from EVERY owner. The letter must reference the application type, project description, and property address/APN.

Owner 1: _____

Owner 2: _____

Owner 3: _____

For properties with 4 or more owners, use as many forms as necessary to capture all owners.