City of Los Banos
At the Crossroads of California

Community & Economic Development Department
520 J St.
Los Banos, CA 93635
Phone: (209) 827-7000
www.losbanos.org

PROPERTY OWNER VERIFICATION FORM

Property Address: _____

Assessor's Parcel Number (APN): _____

Zoning District (if known): _____

Applicant Name: _____

Application Type:

- ◯ Annexation
- ◯ Block Party Permit
- ◯ Building Permit
- ◯ Conditional Use Permit
- ◯ Cottage Food Operator Permit
- ◯ Farmer Market Permit
- ◯ Final Development Plan
- ◯ General Plan Amendment. Rezone, Prezone
- ◯ Lot Line Adjustment
- ◯ Massage Establishment Permit
- ◯ Master Signage Plan
- ◯ Mobile Food Vendor Permit
- ◯ Parcel Map/Minor Subdivision
- ◯ Planned Developemnt Reclassification
- ◯ Sign Review
- ◯ Site Plan Review
- ◯ Special Event Permit
- ◯ Specific Plan
- ◯ Temporary Use Permit
- ◯ Tentative & Vesting Tentative Tract Map
- ◯ Variance
- ◯ Other: _____

Legal Property Owner Information:

Property Owner Name(s): _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

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PROPERTY OWNER AUTHORIZATION & ACKNOWLEDGMENT

I certify that I am the legal owner of record of the above-referenced property.

I authorize the applicant identified above to submit and process the referenced Planning Permit application.

I understand that approval of this application may include conditions of approval and ongoing compliance requirements.

Both the property owner and applicant are responsible for compliance with all applicable municipal codes, zoning regulations, and conditions of approval.

Property Owner Name (Printed): _____

Signature: _____Date: _____

FOR OFFICE USE ONLY

Verified by Staff: _____Date: _____