

**City of San Diego Development Services** 1222 First Ave., MS 302 San Diego, CA 92101 (619) 446-5000

## Ownership Disclosure Statement

FORM	
)S-31	8

October 2017

Approval Type: Check approprie Neighborhood Development Tentative Map Uesting Ten	Permit 🗆 Site 🛛	Development Permit 🛽 🛛	Planned Development Permit	Conditional Use P		
Project Title:	Project No. For City Use Only:					
Project Address:	<u> </u>					
Specify Form of Ownership/Le			Corporate Identificatio	n No		
□ Partnership □ Individual		Tai – What State:			······	
By signing the Ownership Discle with the City of San Diego on to owner(s), applicant(s), and othe individual, firm, co-partnership, with a financial interest in the a individuals owning more than 1 officers. (A separate page may <b>ANY</b> person serving as an offic A signature is required of at le notifying the Project Manager of ownership are to be given to the accurate and current ownership	the subject pro er financially inte , joint venture, a application. If t 10% of the shar- be attached if n cer or director east one of the of any changes ne Project Mana	perty with the intent to erested persons of the a association, social club, he applicant includes a es. If a publicly-owned necessary.) If any persor of the nonprofit orgar property owners. Attac in ownership during th ger at least thirty days p	record an encumbrance aga above referenced property. A fraternal organization, corpor- corporation or partnership, ir corporation, include the name n is a nonprofit organization or nization or as trustee or ben ch additional pages if needed e time the application is bein prior to any public hearing on	inst the property. F financially intereste ation, estate, trust, r iclude the names, tri es, titles, and addres a trust, list the nam eficiary of the nong Note: The applica g processed or cons	Please list below the d party includes any eceiver or syndicate eles, addresses of all ses of the corporate les and addresses of profit organization. ht is responsible for sidered. Changes in	
Property Owner						
Name of Individual:			Owner	Tenant/Lessee	Successor Agency	
Street Address:						
City:				State:	Zip:	
Phone No.:		Fax No.:	Email:			
Signature:			Date:			
Additional pages Attached:	🗖 Yes	D No				
Applicant						
Name of Individual:			Owner	Tenant/Lessee	Successor Agency	
Street Address:						
City:				State:	Zip:	
Phone No.:		Fax No.:	Email:			
Signature:			Date:			
Additional pages Attached:	Yes	🖵 No				
Other Financially Interested P	'ersons					
Name of Individual:			💷 Owner	Tenant/Lessee	Successor Agency	
Street Address:						
City:				State:	Zip:	
Phone No.:		Fax No.:	Email:			
Signature:			Date:			
Additional pages Attached:	Yes	🗖 No				

Printed on recycled paper. Visit our web site at <u>www.sandiego.gov/development-services</u>. Upon request, this information is available in alternative formats for persons with disabilities.