

January 2015



**Approval Type:** Check appropriate boxes for type of approval(s) requested:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Limited Use Approval    | <input type="checkbox"/> Neighborhood Development Permit    | <input checked="" type="checkbox"/> Centre City Development Permit |
| <input type="checkbox"/> Temporary Use Permit    | <input type="checkbox"/> Planned Development Permit         | <input type="checkbox"/> Gaslamp Quarter Development Permit        |
| <input type="checkbox"/> Neighborhood Use Permit | <input checked="" type="checkbox"/> Site Development Permit | <input type="checkbox"/> Marina Development Permit                 |
| <input type="checkbox"/> Conditional Use Permit  | <input type="checkbox"/> Coastal Development Permit         | <input type="checkbox"/> Other: _____                              |

**Project Title:** 320 West Cedar Street

**Project Address:** 320 West Cedar Street And 1610 Union Street San Diego, CA 92101

**Assessor Parcel Number(s):** 533-353-10-00

**Part 1 – To be completed by property owner when property is held by individual(s)**

By signing this Ownership Disclosure Statement, the property owner(s) acknowledges that an application for a permit, map, or other matter, as identified above, will be filed with Civic San Diego on the premises that is the subject of the application, with the intent to record an encumbrance against the property or properties. List below the owner(s) and tenant(s) (if applicable) of the above referenced property or properties; all subject properties must be included. The list must include the names and addresses of all persons who have an interest in the property or properties, recorded or otherwise, and state the type of property interest (e.g., tenants who will benefit from the permit, all individuals who own the property or properties). Original signatures are required from at least one property owner for each subject property. Attach additional pages if needed. Note: The Applicant is responsible for notifying the Project Planner of any changes in ownership during the time the application is being processed or considered. Changes in ownership are to be given to the Project Planner at least thirty days prior to any public hearing on the subject property or properties. Failure to provide accurate and current ownership information could result in a delay in the hearing process.

Additional pages attached:  Yes  No

**Name of Individual (type or print):** \_\_\_\_\_

Assessor Parcel Number(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Name of Individual (type or print):** \_\_\_\_\_

Assessor Parcel Number(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Project Title: \_\_\_\_\_

**Part 2 – To be completed by property owner when property is held by a corporation or partnership**

By signing this Ownership Disclosure Statement, the property owner(s) acknowledges that an application for a permit, map, or other matter, as identified above, will be filed with Civic San Diego on the premises that is the subject of the application, with the intent to record an encumbrance against the property or properties. List below the names, titles, and addresses of all persons who have an interest in the property or properties, recorded or otherwise, and state the type of property interest (e.g., tenants who will benefit from the permit, all corporate officers, and/or all partners in a partnership who own the property or properties). Original signatures are required from at least one corporate officer or partner who own the property for each subject property. Attach additional pages if needed. Provide the articles of incorporation, articles of organization, or partnership agreement identifying all members of the corporation or partnership. Note: The applicant is responsible for notifying the Project Planner of any changes in ownership during the time the application is being processed or considered. Changes in ownership are to be given to the Project Planner at least thirty days prior to any public hearing on the subject property or properties. Failure to provide accurate and current ownership information could result in a delay in the hearing process.

Additional pages attached:  Yes  No

Corporation/Partnership Name (type or print):

JMAN AT THE K LOFTS LLC

Corporation  LLC  Partnership

Assessor Parcel Number(s):

533-353-10-00

Street Address:

3000 Upas Street Suite 101

City/State/Zip Code:

San Diego, CA 92104

Name of Corporate Officer/Partner (type or print):

Jonathan Segal

Title:

Manager

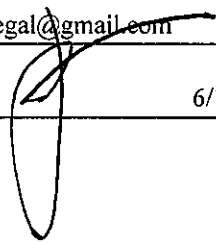
Phone Number:

619-997-6628

E-mail:

jonathansegal@gmail.com

Signature:



Date:

6/13/16

Corporation/Partnership Name (type or print):

Corporation  LLC  Partnership

Assessor Parcel Number(s):

Street Address:

City/State/Zip Code:

Name of Corporate Officer/Partner (type or print):

Title:

Phone Number:

E-mail:

Signature:

Date:

**Project Title:** 320 West Cedar Street

**Part 3 – To be completed by all other financially interested parties**

List below the names, titles, and addresses of all financially interested parties and state the type of financial interest (e.g., applicant, architect, lead design/engineering professional). Original signatures are required from at least one individual, corporate officer, and/or partner with a financial interest in the application for a permit, map, or other matter, as identified above Attach additional pages if needed. Note: The applicant is responsible for notifying the Project Planner of any changes in ownership during the time the application is being processed or considered. Changes in ownership are to be given to the Project Planner at least thirty days prior to any public hearing on the subject property or properties. Failure to provide accurate and current ownership information could result in a delay in the hearing process.

Additional pages attached:  Yes  No

**Name of Individual (type or print):**

Jonathan Segal FAIA

Applicant  Architect  Other \_\_\_\_\_

Street Address:

3000 Upas Street Suite 101

City/State/Zip Code:

San Diego, CA 92104

Phone Number:

619-997-6628

E-mail:

jonathansegalfaia@gmail.com

Signature:

Date:

6/13/16

**Corporation/Partnership Name (type or print):**

Corporation  LLC  Partnership  
 Applicant  Architect  Other \_\_\_\_\_

Street Address:

City/State/Zip Code:

**Name of Corporate Officer/Partner (type or print):**

Title:

Phone Number:

E-mail:

Signature:

Date:

**Name of Individual (type or print):**

Applicant  Architect  Other \_\_\_\_\_

Street Address:

City/State/Zip Code:

Phone Number:

E-mail:

Signature:

Date:

**Corporation/Partnership Name (type or print):**

Corporation  LLC  Partnership  
 Applicant  Architect  Other \_\_\_\_\_

Street Address:

City/State/Zip Code:

**Name of Corporate Officer/Partner (type or print):**

Title:

Phone Number:

E-mail:

Signature:

Date: