

**ADMINISTRATIVE CERTIFICATE OF COMPLIANCE**  
**APPLICATION**

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**PRIOR TO SUBMITTAL OF THIS APPLICATION, PLEASE READ THE “ADMINISTRATIVE CERTIFICATE OF COMPLIANCE REQUIREMENTS”, AVAILABLE FROM CITY STAFF OR ON CITY WEBSITE**

**TYPE OR PRINT LEGIBLY – SHOW ALL INFORMATION – use additional page if more space is required**

<b>P R O J E C T</b>	ADDRESS	<b>COC</b>
	LOCATION (INCLUDE CROSS STREETS)	<b>eCaps</b>
	APN (ALL PARCELS)	

<b>O W N E R</b>	NAME OF LEGAL OWNER(S) (AS SHOWN IN TITLE REPORT)		
	MAILING ADDRESS, CITY, STATE, ZIP		
	NAME OF CONTACT PERSON	PHONE	E-MAIL

<b>S U R V E Y O R</b>	NAME OF CONSULTING FIRM		
	MAILING ADDRESS, CITY, STATE, ZIP		
	PHONE	E-MAIL	SURVEYOR LICENSE #
	NAME OF CONTACT PERSON		

<b>C O N T A C T</b>	WHO WILL BE THE CONTACT FOR THIS PROJECT?	<input type="checkbox"/> OWNER <input type="checkbox"/> SURVEYOR <input type="checkbox"/> OTHER, IDENTIFY BELOW	
	NAME OF CONTACT PERSON		
	MAILING ADDRESS, CITY, STATE, ZIP		
	PHONE	E-MAIL	

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**SUBMITTAL CHECKLIST**

Date of Submittal \_\_\_\_\_

**OWNER OR SURVEYOR MUST INITIAL SUBMITTED ITEMS BELOW**

OWNER/ SURVEYOR	CITY STAFF	SEE "ADMINISTRATIVE CERTIFICATE OF COMPLIANCE REQUIREMENTS" FOR DETAILED DESCRIPTION OF ITEMS 1-6 BELOW	
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- |       |       |  |       |
|-------|-------|--|-------|
| _____ | _____ | 1) Completed Application Form                  | _____ |
| _____ | _____ | 2) Title Report (all parcel, 90 days old max.) | _____ |
| _____ | _____ | 3) Chain of Title                              | _____ |
| _____ | _____ | 4) New Legal Description (1 copy)              | _____ |
| _____ | _____ | 5) Exhibit Map (1 copy)                        | _____ |
| _____ | _____ | 6) Review and Processing Fee                   | _____ |
|       |       | - See our current <a href="#">Fee Schedule</a> |       |

**OWNER'S CERTIFICATION** (Notary required for all signatures)

The undersigned hereby acknowledges being the record owner(s) of the property contained within this project and hereby consents to the processing and recording of the Certificate of Compliance; and further acknowledges that they understand the "Administrative Certificate of Compliance Requirements" associated with this application.

PRINT OWNER'S NAME (as shown in Title Report): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

PRINT OWNER'S NAME (as shown in Title Report): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

Use additional page if more space is required

Attach notary acknowledgement