

AFFIDAVIT

BOARD OF BUILDING AND SAFETY COMMISSIONERS

RESOLUTION NO. 832-93

I, _____ do state and declare as follows:
(print or type name of the person signing this form)

1. The name and mailing address of the owner of the property (as defined in Resolution 832-93) at _____ as shown on the _____
(print or type job address)
appeal application (LADBS-Req Mod.1) are correct, and
2. The owner of the property as shown on the appeal application will be made aware of the appeal and will receive a copy of the appeal.

I declare under penalty of perjury that the foregoing is true and correct.

(signature) (date)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of _____

County of _____

On _____ before me, _____
DATE NAME, TITLE OF OFFICER - E.G., JANE DOE, NOTARY PUBLIC

personally appeared _____
NAME(S) OF SIGNER(S)

___ personally known to me - **OR** - ___ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(SEAL)

SIGNATURE OF NOTARY