County of San Diego, Planning & Development Services
CONDITION SATISFACTION RESUBMITAL
ZONING DIVISION

Project Name:_____

Project Number(s):_____

Has The Financial Responsibility Changed? YES ☐ NO ☐

Point of Contact: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant's E-Mail Address: _____

The following are <u>REQUIRED ATTACHMENTS</u> to this Condition Satisfaction Resubmital:

☐ **Evidence of Compliance with Condition**
(refer to the condition(s) language for the specific evidence required in order to satisfy the condition(s).

☐ **If the proposed condition(s) have not been highlighted, the submittal cannot be accepted.**

☐ **List the Condition Numbers:** _____

Customer Comments:

Print Name	*Signature*	*Date*

FOR DEPARTMENT USE ONLY

For Questions Contact: PERMIT COMPLIANCE COORDINATOR,_____ (858) 694-3011

Record ID: _____

Is this a FEE Account? YES ☐ NO ☐

Is this a Deposit Account? YES ☐ If Yes, Record ID: _____

Technician Comments: _____

_____

_____

Technician's Name	*Date*

---- OFFICIAL USE ONLY ----