This Statement must be signed by the Owner or the Authorized person responsible for the project work.

Project Address:	
I have authorized all professionals named on the attached plans and application applicant {and consultant(s) if any} named herein. I agree to take the necessary measures to correct any misrepresentation or falsification of facts made knowin negligently by my agents, contractors, employees, or me. I understand that the Certified project is being approved for a permit subject to audit and/or field inspet the County of San Diego. I agree to take any remedial measures, disclosed by the County of San Diego Planning & Development Services and/or applicant, licens professionals or subcontractors named herein, that are necessary to bring the applicant and any completed construction into conformity with all applicable provision the California Building Codes and other related state and federal laws and regular	gly or Self- ection by he ed ettached ons of
BY OWNER / AUTHORIZED PARTY	
(Insert Name of Corporation, Individual or Other Legal Entity, as applicable	
Signed	
Print Name	
Title	
Address	
Phone Number	

5510 OVERLAND AVE., SUITE 110, SAN DIEGO, CA 92123 • (858) 565-5920 • (888) 336-7553

_____ , 20 ____

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