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

Project Address:	
Parcel Map:	
have authorized all professionals named on the attached plans and application by the applicant {and consultant(s) if any} named herein. I agree to take the necessary measurement and misrepresentation or falsification of facts made knowingly or negligently by reagents, contractors, employees, or me. I understand that the Self-Certified project is beapproved for a permit subject to audit and/or field inspection by the County of San Diego agree to take any remedial measures, disclosed by the County of San Diego Planning & Development Services and/or applicant, licensed professionals or subcontractors name that are necessary to bring the attached plans and any completed construction into conwith all applicable provisions of the San Diego County Standard for Private Streets, Publicandards, County of San Diego Watershed Protection, Stormwater Management, and Discharge Control Ordinance and other applicable state, federal and County laws, reguland policy.	my eing o. I k d herein, formity olic Road
BY OWNER / AUTHORIZED PARTY	
(Insert Name of Corporation, Individual or Other Legal Entity, as applicable	
Signed	
Print Name	
Title	
Address	
Phone Number	
, 20	

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