

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

Project Name:			
Project Number(s):			
Has The Financial Responsibility Changed	I? YES 🗌 NO 🗌		
oint of Contact: Phone:			
Address:			
City:	State:		Zip:
Applicant's E-Mail Address:			
The following are REQUIRED ATTA	<u>CHMENTS</u> to this Condi	tion Satisfaction F	Resubmittal:
<ul><li>☐ Evidence of Compliance with Confidence (refer to the condition(s) language</li><li>☐ If the proposed condition(s) have</li></ul>	for the specific evidence red	•	. ,
List the Condition Numbers:			
Customer Comments:			
Print Name	Signa	ature	
FO	R DEPARTMENT USE	ONLY	
For Questions Contact: PERMIT COMPLIANCE Record ID:			(858) 694-3011
	0 🗆		
Is this a Deposit Account? YES	f Yes, Record ID:		
Technician Comments:			
	 Date	OFFICIAL	L USE ONLY

5510 OVERLAND AVE, SUITE 110, SAN DIEGO, CA 92123 For any questions, please email us at: PDSZoningPermitCounter@sdcounty.ca.gov

http://www.sdcounty.ca.gov/pds