

AFFIDAVIT OF INTENT TO OWNER-OCCUPY

(URBAN LOT SPLIT APPLICATIONS, ONLY)

1.	On[DATE], I (or my authorized agent) submitted an application to the				
	City of Foster City for an urban lot split to subdivide the real property located at				
		[ADDRESS], Foster City, California, which	is also		
	identified	as San Mateo County Assessor's Parcel Number	, and		
	further described in Exhibit "A" attached hereto and incorporated by reference				
	(hereinafter "the Property"), as provided for in Government Code Section 66411.7 and				
	Foster City Municipal Code Chapter 17.79.				
2.	I certify that I intend to occupy, as my principal residence and for a period of no less than				
	three (3) years from the date of approval of the urban lot split, one of the dwelling units				
	located on the Property.				
3.	I understand, consent and agree that the Community Development Department of the				
	City of Foster City may take such action as it deems necessary to verify both the accuracy				
	and veracity of this declaration. I further understand, consent and agree that any person or				
	entity contacted by the Community Development Department, or its contractors,				
	employees, agents, grantees, or designees, in the course of such verification, may release				
	such pertinent information to the Community Development Department, or its				
	contractor	rs, employees, agents, grantees, or designees.			
I decla	are under pe	enalty of perjury of the laws of the State of California that the foregoing	is true		
and co	orrect and th	nat this affidavit was executed on the of, 20, at			
		, California.			
		S	ignature		
		Printe	ed Name		

Ι

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the veracity, accuracy, or validity of that document.

State of Californ	nia	
County of		
On	[DATE], before me,	[NOTARY
NAME], Notary	Public, personally appeared	[APPLICANT
NAME], who pr	rovide to me on the basis of satisfactor	ry evidence to be the person(s) whose
name(s) is/are so	ubjected to the within instrument and	acknowledged to me that he/she/they
executed the sar	ne in his/her/their authorized capacity	(ies), and that by his/her/their signature(s)
on the instrumer	nt the person(s) executed the instrume	nt.
I certify, under p	penalty of perjury under the laws of th	e state of California, that the foregoing
paragraph is true	e and correct.	
Witness my han	d and official seal.	
Signature		