



CITY OF FOSTER CITY – Community Development Department

610 FOSTER CITY BLVD

FOSTER CITY, CA 94404-2222

Phone: (650) 286-3227

Email: cddpermit@fostercity.org

PROPERTY OWNER AUTHORIZATION

(MANDATORY: please print clearly and fill in all as required)

PROJECT LOCATION: _____

FOSTER CITY, CA 94404.

PROJECT SCOPE: _____

PERMIT APPLICATION # : _____ **DATE # :** _____

PROPERTY OWNER DECLARATION: I certify that as the property owner, I authorize the filing of this planning application. I understand that pursuant to the City of Foster City Municipal Code, the Notice of Decision approval requirements are binding upon both the applicant and the property owner(s). I agree to implement the Notice of Decision approval requirements.

PROPERTY OWNER STATEMENT: I hereby certify that I am the owner of record of the property described in the above Project Location and that I approve of the requested action herein. The applicant understands that project reviews are billed on a time and materials basis, using the staff's hourly rates, which means that all staff time spent reviewing the project and any extraordinary materials required to process the project are charged to the applicant. If staff time spent on a project exceeds the deposit (the initial application fee/deposit), the applicant will be billed accordingly, and payment will be due within 15 days. _____ (Owner Initials)

Property Owner's Signature: _____ **Date:** _____

Property Owner's Name (Printed): _____ **Date:** _____

AGENT AUTHORIZATION: I certify that as the property owner, I am hereby authorizing _____ to serve as my authorized agent for the purposes of this Planning Application. I understand that this authorization shall be valid unless and until I or my successor/assign(s) withdraw this authorization by submitting a writing to City staff. I understand that pursuant to the City of Foster City Municipal Code, the Notice of Decision approval requirements are binding upon both the applicant and the property owner(s). I agree to implement the Notice of Decision approval requirements.

Property Owner's Signature: _____ **Date:** _____

Authorized Agent's Signature: _____ **Date:** _____

Authorized Agent Contact Information: _____ **(ADDRESS)**

(PHONE NUMBER)

(E-MAIL)