



**CITY OF
HERMOSA BEACH**

Community Development
Building & Safety Division

Phone: 310-318-0235
Hours: Mon. – Thur. 7am-6pm
CommunityDevelopment@hermosabeach.gov

PROPERTY OWNER AUTHORIZATION

STAFF USE ONLY

Plan Check/Permit #

INSTRUCTIONS

1. This document is required when a property is Commercial, Multi-Family, within an HOA, or any other shared parcels/property lines.
2. **Notary acknowledgements for each signature must be attached to this document.**
3. A copy of the Owners Driver's License must be attached to this document

PROPERTY & JOB INFORMATION

Job Address: _____, Hermosa Beach, CA

Description of the work being performed:

A.P.N Number:

PROPERTY OWNER

Full Name _____ Phone #: _____

Email:

Address:

AUTHORIZATION AND ASSUMPTION OF RISK

(I/We) the undersigned declare, under penalty of perjury under the laws of the State of California, that (I am/we are) the owner(s)/tenants of the property in the associated application; that (I/We) authorize the above stated work to be performed. If applicable: (I/We) declare that (I/We) have full authorization by any Homeowners Associations, (and/or) commercial property owners, (and/or) any other associated parcel owners to complete this work. (I/We) agree to assume the risk for ensuring that proper authorizations are acquired from all these stated parties to complete this work.

APPLICANT/OWNER SIGNATURE

Signature

Date:

Printed Full Name:

I HEREBY AUTHORIZE THE PERSON/CONTRACTOR LISTED BELOW TO OBTAIN THE NECESSARY PERMITS, FOR THE ABOVE-MENTIONED PROPERTY AND SCOPE OF WORK.

Full Name _____ Phone #: _____

Email:

Address:

If Licensed Contractor, Contractor's State License Number:

ACKNOWLEDGMENT

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 truthfulness, accuracy, or validity of that document.

State of California

County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)