

eCAPS #

## ADMINISTRATIVE CERTIFICATE OF COMPLIANCE APPLICATION

Permit #

M A P  I N F O	ADDRESS	CITY	STATE	ZIP
	PROJECT LOCATION (Include Cross Streets)			
	APN (All Parcels)			

O W N E R  I N F O R M A T I O N	NAME OF LEGAL OWNER(S) (AS SHOWN IN TITLE REPORT) #1				
	MAILING ADDRESS		CITY	STATE	ZIP
	PHONE	EMAIL			
	NAME OF CONTACT PERSON	PHONE	EMAIL		
	NAME OF LEGAL OWNER(S) (AS SHOWN IN TITLE REPORT) #2				
	MAILING ADDRESS		CITY	STATE	ZIP
	PHONE	EMAIL			
	NAME OF CONTACT PERSON	PHONE	EMAIL		

S U R V E Y O R	NAME OF FIRM		PROF. LICENSE NUMBER		
	MAILING ADDRESS		CITY	STATE	ZIP
	CONTACT NAME	PHONE	EMAIL		

**Applicant Acknowledgment:** By signing below, applicant acknowledges he/she has read the detailed submittal requirements found in DE-709 Administrative Certificate of Compliance Process and Instructions and included all required documents in the application package: (1) Signed & notarized application, (2) Title Report (no older than 90 days), (3) Chain of title, (4) Legal description, (5) Exhibit Map. Questions and completed applications can be emailed to [DE@CityofSacramento.org](mailto:DE@CityofSacramento.org).

Signature

Date

**Owner's Certification (Notary is required for all signatures):** The undersigned hereby certifies being the record owner(s) of the property contained within this project and hereby consents to the processing and recording of the Certificate of Compliance; and further acknowledges that they understand the "Administrative Certificate of Compliance Requirements" associated with this application.

Print Owner's Name (As Shown on Title Report)

Print Owner's Name (As Shown on Title Report)

Signature

Signature

**ATTACH ACKNOWLEDGMENT**