



**City of Ojai**  
Community Development Department

Project \_\_\_\_\_  
Received \_\_\_\_\_  
Date \_\_\_\_\_

**ADMINISTRATIVE APPROVAL**

Certificate of Compliance     Home Occupation Permit     Sign     Tree     Minor Conditional Use Permit  
 Final Parcel/Tract Map     Minor Variance     Other \_\_\_\_\_

**OWNER INFORMATION:**

Project Address: \_\_\_\_\_ PROJECT I.D. # \_\_\_\_\_

Assessor Parcel Number: \_\_\_\_\_ Zone: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

**APPLICANT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

**REPRESENTATIVE:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

**AFFIDAVIT:**

I declare that I am the owner / representative (indicate one) of the property involved in this application and that the information submitted herein is true and correct. I hereby declare under penalty of perjury that the information contained in this application and all attached materials are correct, true and complete. I further declare I understand that prior to determining the project hearing date; the City has 30 days to deem the application complete or incomplete. I acknowledge and agree that the City of Ojai is relying on the accuracy of this information and my representations in order to process this application and that any permits issued by the City may be rescinded if it is determined that the information and materials submitted are not true and correct. I further acknowledge that I may be liable for any costs associated with rescission of such permits, including but not limited to any litigation costs. I will be notified of the meeting date(s) set for the above matter and that I am to appear, either personally or by my representative, at such meetings(s).

**Signature of Property Owner**

Applicant's signature authorizes City staff to enter the property described above for the purposes of inspection.

**Date**



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## CERTIFICATE OF COMPLIANCE APPLICATION

A Certificate of Compliance is a document that confirms that any real property is in compliance with all local codes on zoning, lot size and legal subdivision.

### **MINIMUM SUBMITTAL REQUIREMENTS:**

- Completed Application Form Signed by Property Owner or letter-authorizing Representative to sign
- Filing Fee - Base Fee \$450.00 + \$225 per hour
- Submit one copy of the Assessor's Map (s) showing the parcel in question and all adjoining parcels. Outline parcel in question in red.
- Submit a copy of recorded document by which the present owner acquired the property, and any deeds recorded thereafter, including access easements thereto.
- \*Submit a copy of the recorded document that created the parcel in question. **(The 1<sup>st</sup> deed recorded that describes parcel as it exists today).**
- \*Submit a copy of the recorded document whereby the grantor in said creating deed acquired title.
- \*If the parcel in question conformed with zoning at the time of creation, but has since been made nonconforming by a change in zoning or by the General Plan, additional information may be required pertaining to ownership of the parcel in question and adjoining land from the date of the zone change.
- If the parcel in question is determined to have been legally created, a Certificate of Compliance will be issued for recordation.
- A recording fee will be required by the County Recorder at the time of recordation. This is a separate fee and not part of the deposit. The County Surveyors office will call for the fee when document is ready to be recorded.

\* items 3, 4, & 5 are not needed if an approved development permit has been issued on the illegal parcel in question and the approved structure was subsequently constructed. Submit a legible copy of the approved building permit instead.

\* Disclaimer- Applicant must provide all necessary information for the City Engineer to make a determination. The City Engineer is not available to provide any research, thus the determination will be based on the accuracy and completeness of the information submitted.

To assist the Planning Department in fully assessing your request, please complete the following information:

1. Tract Number(s)/Parcel Map Number(s): \_\_\_\_\_
2. Recording Date: \_\_\_\_\_
3. Number of Lot(s): \_\_\_\_\_
4. Area of Lot(s): \_\_\_\_\_
5. Existing Zoning: \_\_\_\_\_

For staff use only:

APPROVED BY:

Project No.: \_\_\_\_\_

\_\_\_\_\_

Zoning: \_\_\_\_\_

Community Development Director

APN: \_\_\_\_\_

Submittal Date: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Rev. 07/17/19