

COUNTY OF MENDOCINO
DEPT OF PLANNING & BLDG SERVICES
Mailing Address: 120 West Fir Street
Fort Bragg, CA 95437
Telephone: 707-964-5379

CDP No. _____
Date Filed _____
Fee \$ _____
Receipt No. _____
Received By _____

Office Use Only

REQUEST TO ASSIGN COASTAL DEVELOPMENT PERMIT
AND AFFIDAVIT OF ASSIGNEE

SECTION I.

1. Name, address, and telephone number of applicant-permit holder:

2. Date of issuance or effective date of coastal permit and permit number:

3. Name and address of assignee:

SECTION II.

Attachments: Pursuant to Mendocino County Code Section 20.536.040, this application must be accompanied by a filing fee and the following documents:

1. A copy of any executed deeds or other evidence of transfer or legal interest in the real property involved, showing assignee's interest in the property.
2. A copy of any executed contracts or other evidence of contractual rights and obligations, showing assignee's legal interest in the property, capacity to undertake the development, and to satisfy the conditions required in the permit.
3. A copy of the original coastal development permit showing that it has not expired, and showing all applicable conditions.

AFFIDAVIT OF APPLICANT-PERMIT HOLDER

I hereby request that the above coastal permit be assigned to the above-identified assignee. I hereby relinquish all interest in said coastal permit, and I further declare that the foregoing is true and correct to the best of my knowledge.

Date

Applicant-Permit Holder

AFFIDAVIT OF ASSIGNEE

I have read the contents of coastal development permit (Permit Number _____) attached hereto and fully understand its contents including the conditions imposed and I hereby agree to comply with all the terms and conditions of said coastal development permit, and assume all the obligations imposed by this permit.

Date

Assignee