



### **Community Development Department**

# **Development Application**

Owner/Applicant Information	For Office Use Only
	Gen. Plan Land Use
Property Owner's Name: Spring Meadows Homes, LLC and Meadow Pass Estates, LLC	Designation:
Company: Spring Meadows Homes, LLC and Meadow Pass Estates, LLC	A
Address: 18217 Gale Ave, Suite A	
City: <u>City of Industry</u> State: <u>CA</u> Zip: <u>91748</u>	Zoning:
Phone: <u>(626) 839-3688</u> Fax: <u>e-mail: jacksu@hus123.com</u>	Case Nos:
Applicant's Name: Spring Meadows Homes, LLC and Meadow Pass Estates, LLC	
Company: _Spring Meadows Homes, LLC and Meadow Pass Estates, LLC	
Address: 18217 Gale Ave, Suite A	
City: Sity of Industry State: CA Zip: 91748	
Phone: <u>(626)</u> 839-3688 Fax: e-mail: <u>jacksu@hus123.com</u>	And the state of t
Applicant's Representative (if applicable):	Fees Paid:
Company:	Receipt #:
Address:	
City: State:Zip:	Accepted by:
City: State: Zip: Phone: Fax: e-mail:	Date Received:
	(Date Stamp)
Property Information	
Site Address: 800 Meadow Pass Road, Walnut CA, 91789	
Assessors Parcel Number(s): <u>8709-093-001</u> , <u>8709-093-002</u> and <u>8709-093-003</u>	
Lot_1 and 2, Tract45378	

## **Project Description**

Please provide a brief description of the proposed project:

Being a subdivision of Lots 1 & 2 of Tract No. 45378 as shown on a map thereof filed in Book

1095, Pages 93 through 99 of maps, in the Office of the County Recorder of Los Angeles

County, California.

See separate handouts for additional submittal requirements and application fees based on the type of project proposed.

## Certification

#### **Property Owner Authorization:**

I certify, under penalty of perjury, that I am the owner of record for the subject property and hereby give my consent to the filing of this application. I further certify that the information provided is, to the best of my knowledge, true and correct. I further acknowledge that, pursuant to Government Code Section 65105, City staff may enter upon the subject property to make examinations and surveys in connection with the proposed application, provided that such entry, examination or survey, does not interfere with the use of the property.

survey, does not interfere with the use of the prof	perty.	
PROPERTY OWNER SIGNATURE*:	D.	ATE: \2\2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
PROPERTY OWNER NAME (PRINT):	Jack Su, as	authorized agent
* Property Owner Signature must be not Acknowledgement form	arized. Complete below or attach a se	parate Notary
STATE OF CALIFORNIA )		
COUNTY OF LOS ANGELES )		
On this 2 day of Vecenture  Notary Public in and for said State, personally appear known to me (or proved to me on the basis of satis within instrument and acknowledged to me that (s) signature(s) on the instrument the person(s) or the entire transfer of the signature of the same of the signature of the same of the s	factory evidence) to be person(s) whose name they they executed the same in their authorize	, personally me(s)(is/are subscribed to the ed capacity, and that by their
WITNE	SS my hand and official seal.	
Notary I	Public in and for said State	SUSU HE COMM. # 233033 NOTARY PUBLIC • CALIFO LOS ANGELES COU COMM. Exp. AUG. 9
Applicant Authorization:		
I certify, under penalty of perjury, that I have the I further certify that the information provided is, pursuant to Government Code Section 65105, surveys in connection with the proposed applic with the use of the property.	to the best of my knowledge, true and correct City staff may enter upon the subject proper ation, provided that such entry, examination	ct. I further acknowledge that, rty to make examinations and
APPLICANT SIGNATURE:	DATE:	2/21/2021
APPLICANT NAME (PRINT):	ack by, as authorite.	d aget
For Office Use Only		
Case Nos.	Accepted t	by:

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.

ACKNO	DWLEDGMENT
State of California	
County of <u>WS Anseles</u>	
On \2 21 202  before me.	su su He
A Notary Public personally appeared	
A Notary Fublic personally appeared	
is/are subscribed to the within instrument a the same in his/her/their authorized capaci	ctory evidence to be the person(s) whose name(s) and acknowledged to me that he/she/they executed ity(ies), and that by his/her/their signature(s) on the n behalf of which the person(s) acted, executed the
foregoing paragraph is true and correct.	under the laws of the State of California that the
WITNESS my hand and official seal.  Signature	SUSU HE COMM. # 2330332 NOTARY PUBLIC © CALIFORNIA LOS ANGELES COUNTY Comm. Exp. AUG. 9, 2024
	(Seal)
ATTENTION NOTARY: Although the intormate raudulent attachment of this certificate to another	tion requested below is OPTIONAL, it could prevent document.
THIS CERTIFICATE <b>MUST</b> BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT.	Title of Document Type <u>Development Applicar</u> Number of Pages <u>2</u>
	Date of Document Signer(s) Other Than Named Above