



COUNTY OF RIVERSIDE
TRANSPORTATION AND LAND MANAGEMENT AGENCY
 Submit to Mail Stop 1083



For Projects After 45 Day Threshold

APPLICANT CHANGE REQUEST FORM

Permit/Case Information

Permit/Case #:	APN #:	Date:	
Address:	City:	State:	Zip:
Project Description:			

Original Applicant Information

Last Name:	First Name:		
Company:			
Mailing Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

Note: Original Applicant understands that by changing the Applicant information for the above noted case/permit that any supplemental billings, fees and refunds will be sent to the new Applicant noted below. In addition, the original Applicant will have no rights or interests in the permit/case including exhibits, building plans and decisions.

Original Applicant Signature or Managers Approval if orig. Applicant is not found:

New Applicant Information

Last Name:	First Name:		
Company:			
Mailing Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

Note: As the new Applicant you will be financially responsible for the above noted case/permit. This includes supplemental billings, fees and refunds. Unless you have assigned an Agent to act on your behalf, you are also responsible for all extension requests, withdrawals, appeals and general decision making on this case/permit.

New Applicant Signature:

Reason for Change Request – Substantiating documentation must be submitted

For Office Use Only

Comments:	
Manager Approval:	Date: