

5. AFFIDAVIT OF OWNERSHIP

THE UNDERSIGNED HEREBY DECLARE THAT THE FOLLOWING IS TRUE AND CORRECT, AND THAT THEY UNDERSTAND THAT THE FOLLOWING APPLIES TO THEIR PROJECT:

1. **Owners.** The undersigned are all the owners of all the property described in this application.
2. **Easements.** The development plans as part of this application show the exact location, size, and use of all easements on the subject site and all easements on surrounding properties benefiting the subject property.
3. **Deactivated Water Wells.** Any existing or deactivated water wells on your property must be shown on your plans. The property which is the subject of this application: **CHECK ONE**
 - does contain existing active or deactivated water wells and they are shown on the plans accompanying this application.
 - does not contain existing active or deactivated water wells.
4. **Hazardous Waste and Substance Sites.** In conformance with California Government Code Section 65962.5, I hereby certify that I have performed a search for City of San Jose sites on the list of [Hazardous Waste and Substance Sites](#) as compiled by the State Department of Toxic Substances Control. The property which is the subject of this application: **CHECK ONE**
 - is not on said list.
 - is on said list. The listed item reads as follows:

5. **Wastewater Treatment Capacity.** San José Municipal Code, Chapter 15.12, Part 2.75 requires that an applicant acknowledge the effect of land development approvals on wastewater treatment capacity at the time of application. I hereby acknowledge the requirements of the Municipal Code, as stated herewith, and understand that these requirements will apply to the development permit for which I am applying:

No vested right to a building permit shall accrue as the result of the granting of any land development approvals and applications when and if the City Manager makes a determination that the cumulative sewage treatment demand on San José-Santa Clara Regional Wastewater Facility (RWF) represented by approved land uses in the RWF service area will cause the total sewage treatment demand to meet or exceed the capacity of the RWF to treat such sewage adequately and within the discharge standards imposed on the City by the Regional Water Quality Control Board for the San Francisco Bay Region.

• SIGNATURE of Property Owner

DATE: [MM/DD/YYYY]

PRINT NAME:

TITLE IF APPLICABLE:

FIRM NAME IF APPLICABLE:

EMAIL:

PHONE:

MAILING ADDRESS:

[A Digital ID Signature](#) is required of the property owner or legally authorized agent of the property owner.

By signing this application, you acknowledge that you are the property owner or the legally authorized agent of the property owner.

For signatures by multiple property owners, use the [Affidavit Of Ownership-Multiple Owners Form](#).