



APPLICATION FOR DESIGN REVIEW

City of La Habra Planning Department
110 East La Habra Blvd., P.O. Box 337, La Habra Ca 90633-0337
Phone: (562) 383-4100 Fax: (562) 383-4476

Office Use Only

20-04

APPLICANT

Property Owner (s) mailing address Name <u>Shuxing Properties, LLC</u> Address <u>P.O. Box 3493</u> <u>La Habra, CA 90632</u> Phone: Home () _____ Work () _____ Fax () _____ E-mail <u>robertgire@gmail.com</u>	Person to be contacted other than the property owner Name <u>Eduardo Hernandez, Urban Axis</u> Address <u>11721 Whittier Boulevard, No. 301</u> <u>Whittier, CA 90601</u> Phone <u>(562) 457-0311</u> Fax: () _____ E-mail <u>eduardo@urbanaxis.net</u> Affiliation <u>Agent for Owner</u>
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INFORMATION

Location of Property 121 E. Whittier Boulevard, La Habra

Legal Description of Property Rancho La Habra Sec 5 T 3 R 10 SW1/4 SW1/4 SE1/4 N/E1/4 EX E 60 FT & W 140 FT
 Tract No. _____ Lot No. _____ or Attached ()

Assessors Parcel Number 017-293-34

Present Use Residential Present Zoning C-2

PROPERTY OWNERS AFFIDAVIT

STATE OF CALIFORNIA
 COUNTY OF ORANGE
 CITY OF LA HABRA

I, (We) ROBERT GIRE, being duly sworn, depose and say that I am (we are) the owner (s)* of the property involved in this petition and that the statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my (our) knowledge and belief and that I (we) have the intention to proceed with the application and understand that the application shall become null and void within six (6) months from the date this application is deemed incomplete as required by L.H.M.C. Section 18.08.130. In addition, I (we) have the intention to proceed with the actual construction work in accordance with these plans within one (1) year from the date of granting of this request and understand that this request if granted, becomes null and void if I (we) do not proceed with the actual construction work in accordance with these plans within one (1) year from the granting of this request.

SIGNED _____
 SIGNED Robert Gire, sole owner

Subscribed and sworn to before me on this _____ day of _____ 20____

by _____ proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____

See Attached Notary Form

*Power of attorney must accompany affidavit if signed by other than the actual owner of record.

FOR OFFICE USE ONLY

Application and Fee Received By DAVID LOPEZ Date 8/10/20

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.

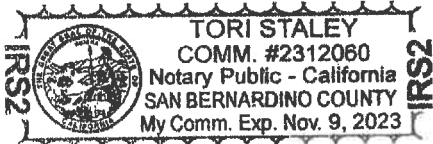
State of California

County of San Bernardino

Subscribed and sworn to (or affirmed) before me on this 3rd day of August, 2020, by
Date Month Year

(1) Robert Gire

(and (2) _____),
Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Tori Staley
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Application for design review

Document Date: 08/03/2020 Number of Pages: 2

Signer(s) Other Than Named Above: N/A