



# APPLICATION FOR CONDITIONAL USE PERMIT

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  
www.lahabracity.com

Office Use Only  
CUP 22-1b

APPLICANT

<b>Property Owner(s)</b> (use mailing address) Name <u>Mike Reed C/O Stater Bros. Markets</u> Address <u>301 S. Tippecanoe Ave</u> <u>San Bernardino CA 92408</u> Phone: Home ( ) _____ Work (909 ) <u>733-5004</u> Fax ( ) _____ E-mail <u>property.management@staterbros.com</u>	<b>Representative</b> (acting on behalf of the property owner(s)) Name <u>Ana Taylor C/O CRV Recycling Solutions</u> Address <u>44020 Raysack Ave</u> <u>Lancaster CA 93535</u> Phone (818) <u>730-5245</u> Work: ( ) _____ Fax: ( ) _____ E-mail <u>anataylor54@gmail.com</u>
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CONTACT

Send all **short-term** correspondence to: Property Owner ( ) Representative (XX)

Send all **long-term** correspondence to: Property Owner ( ) Representative ( )

INFORMATION

Location of Property 851 N. Harbor Blvd La Habra CA 90631-3101

Legal Description of Property \_\_\_\_\_ Tract No. \_\_\_\_\_ Lot No. \_\_\_\_\_ or Attached (XXX)

Assessors Parcel Number 017-371-21

Present Use C2 - Commercial Present Zoning C2-Commercial

REQUEST

Please state what is intended to be done with the property which does not comply with the provisions of the Zoning code: N/A

PROPERTY OWNERS AFFIDAVIT

STATE OF CALIFORNIA  
COUNTY OF ORANGE  
CITY OF LA HABRA

I, (We) Michael Reed, 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 the Conditional Use Permit and understand that this Conditional Use Permit 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 Conditional Use Permit.

SIGNED [Signature]

SIGNED \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of 11/25/22 20 22

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

\_\_\_\_\_  
Signature

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



**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

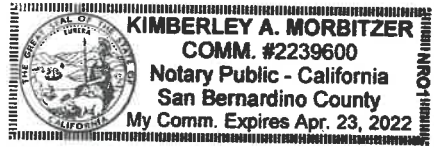
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }  
County of San Bernardino }

On 1/25/22 before me, Kimberley A. Morbitzer,  
Date Here Insert Name and Title of the Officer

personally appeared Michael Reed  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  
WITNESS my hand and official seal.

Place Notary Seal and/or Stamp Above

Signature Kimberley A. Morbitzer  
Signature of Notary Public

**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: \_\_\_\_\_  
Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_  
Signer(s) Other Than Named Above: \_\_\_\_\_


**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_ Signer's Name: \_\_\_\_\_  
 Corporate Officer – Title(s): \_\_\_\_\_  Corporate Officer – Title(s): \_\_\_\_\_  
 Partner –  Limited  General  Partner –  Limited  General  
 Individual  Attorney in Fact  Individual  Attorney in Fact  
 Trustee  Guardian of Conservator  Trustee  Guardian of Conservator  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_  
Signer is Representing: \_\_\_\_\_ Signer is Representing: \_\_\_\_\_

**AUTHORIZATION TO ESTABLISH  
A RECYCLING CENTER**

I do hereby grant Recycling Solution Sites, Inc. dba CRV Recycling Solutions permission to operate staffed recycling centers at the Stater Bros Markets locations listed in the spreadsheet below.

These staffed recycling centers will bring our grocery stores into compliance with California State Law AB2020.

**Name:** Mike Reed  
**Company:** Stater Bros Markets  
**Title:** Senior Vice President of Real Estate & Development  
**Email:** property.management@staterbros.com  
**Phone:** 909-733-5004  
**Signature:**   
**Date:** 2/18/21