

LOG NO.: \_\_\_\_\_

DATE: \_\_\_\_\_

PL #: \_\_\_\_\_



**FEE: \$205.30**

(Must be submitted with application)

**ACCEPTED FORM OF PAYMENT:**

Escrow Check, Cash, Credit Card,

Money Order Or Cashier's Check

**NO PERSONAL CHECKS, NO EXCEPTIONS**

## APPLICATION FOR RESIDENTIAL PROPERTY REPORT

Upon receipt of an application which complies with Section 8.80.040, the municipal services department shall conduct a physical inspection of the subject property for the purpose of observing the property's compliance with the municipal code and determining the availability of the required off-street parking. The inspection shall be limited to exterior areas of the residential unit(s) and the interior areas of garages and/or accessory buildings such as detached garages, laundry rooms and storage sheds. If the municipal services department has reasonable cause to believe that a dwelling unit has been illegally subdivided, an interior inspection of such building may be conducted. (Ord. 997-07 § 5: Ord. 902-02 § 1 (part)).

**ADDRESS(S) OF INSPECTION:** \_\_\_\_\_

**NAME OF OWNER(S):** \_\_\_\_\_

**ADDRESS OF OWNER:** \_\_\_\_\_

**OWNER'S PHONE NO.:** \_\_\_\_\_ **NO. OF UNITS:** \_\_\_\_\_

**GARAGE PARKING: Garage(s): # \_\_\_\_\_ Carport(s): # \_\_\_\_\_ Assigned Parking: # \_\_\_\_\_**

**PERSON TO CONTACT FOR INSPECTION:** \_\_\_\_\_

*(If different from owner)*

**PHONE NUMBER:** \_\_\_\_\_

*(Please leave a number where you can be reached)*

I certify that under penalty of perjury I have read this application and state that the above information is correct. I agree to comply with the above requirements and hereby authorize a representative of this city to enter upon the above-mentioned property for inspection purposes.

**Property Owner/Representative's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please allow 10 business days to complete report. For delivery, please check one of the following:**

Pick up at Lawndale City Hall – please call: \_\_\_\_\_

Mail to: \_\_\_\_\_

Fax to: \_\_\_\_\_

Email to: \_\_\_\_\_

*For questions, please call (310) 973-3230. Please return completed applications to:*

**CITY OF LAWDALE, 14717 BURIN AVE., LAWDALE, CA 90260**

**For use by City Personnel**

**Permit Research – Type and Number of Buildings Permitted on the Property/Year constructed:**

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**Number/type of Parking indicated by permits:** \_\_\_\_\_

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**Research by:** \_\_\_\_\_

**Inspection Results – Number/Type of parking spaces available**

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- Property in compliance**
- Violation present, enforcement action will be initiated**

**Inspected by:** \_\_\_\_\_

**Date:** \_\_\_\_\_