| <u>Phan, Johnny</u> |
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| Downtown West Project |
| FW: Affidavit of Ownership - for signature |
| Tuesday, October 6, 2020 8:57:53 AM |
| Ownership Forms.pdf |
| |

From: Amanda Wolf <amandawolf@google.com>
Sent: Monday, October 7, 2019 3:25 PM
To: Klein, Nanci <Nanci.Klein@sanjoseca.gov>
Cc: Alexa Arena <arena@google.com>; Rob Deck <rdeck@google.com>; Phan, Johnny
<Johnny.Phan@sanjoseca.gov>
Subject: Affidavit of Ownership - for signature

Hi Nanci,

Attached is the City's standard affidavit of ownership form. Given there is City owned land within the Project Boundary, can you please sign and return page 2 by Wednesday 10/9 for it to be included in the application submission. I can pick up the hardcopy on Wednesday, but please also scan over if possible.

Thank you,





Amanda Wolf | Development Manager Working for Lendlease at Google Sunnyvale, CA | 628-240-4111

| | THE UNDERSIGNED HEREBY DECLARE THAT THE FOLLOWING IS TRUE AND CORRECT: The undersigned are all the owners of all the property described in Exhibit A – Legal Description of Subject Property, or tenants of the entire subject site with a recorded lease and a term remaining of at least five years. | | | | | |
|---|--|----------------------------------|----------------------|--|--|--|
| 2. | The development plans a part of this application show the exact loca site and all easement on surrounding properties benefiting the subje | | ments on the subject | | | |
| 3. | If there are any existing active or deactivated water wells on your pr property which is the subject of this application: | operty, they must be shown o | n your plans. The | | | |
| | does contain existing active or deactivated water wells and t | hey are shown on the plans a | ccompanying this | | | |
| | does not contain existing active or deactivated water wells. | | | | | |
| 4. | In conformance with Section 65962.5 of the California Government below, I(we) hereby certify that I(we) have reviewed the list of Hazar San Jose, as complied by the State Office of Planning and Research The property which is the subject of the above-referenced application | rdous Waste and Substance S h | | | | |
| | If included on the List, the listed item reads as follows: | | | | | |
| | | | | | | |
| | | | | | | |
| IH | E UNDERSIGNED HEREBY DECLARE THAT THEY UNDERSTAN | D THE FOLLOWING APPLIE | | | | |
| 5. | 5. Notice to Applicants regarding effect of Wastewater treatment capacity on land development approvals. Part 2.75 of Chapter 15.12 of the San Jose Municipal Codes requires that an applicant acknowledge the effect of Wastewater treatment capacity on Land development approvals at the time of application. As owner(s) of the property subject to this development application, I(we) hereby acknowledge the requirements of the Municipal Code, as stated below, and understand that these requirements will apply to the development permit for which I(we) am(are) applying. | | | | | |
| Pursuant to Part 2.75 of Chapter 15.12 of the San Jose Municipal Code, 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 Jose-Santa Clara Water Pollution Control Plant represented by approved land uses in the area served by said Plant will cause the total sewage treatment demand to meet or exceed the capacity of the San Jose-Santa Clara Water Pollution Control Plant to treat such sewage adequately and within the discharge standards imposed on the City by the State of California Regional Water Quality Control Board for the San Francisco Bay Region. Substantive conditions designed to decrease sanitary sewage associated with any land use approval may be imposed by the approving authority. | | | | | | |
| PRINT | NAME OF PROPERTY OWNER | DAYTIME TELEPHONE: | FAX TELEPHONE: | | | |
| | | () | () | | | |
| ADDRE | SS CIT | Y STATE | ZIP CODE | | | |
| NAME (| NAME OF FIRM, IF APPLICABLE TITLE OR OTHER OFFICIA | | L CAPACITY* | | | |
| SIGNAT | TURE* (PRINT NAME IF DIFFERENT THAN THE ABOVE PROPER | DATE | | | | |
| *wet/or | iginal signature required. Digital or scanned copy of the signatu | | | | | |
| *Please state if you are a partner, president, vice-president, etc | | | | | | |

IF THERE ARE ADDITIONAL PROPERTY OWNERS, PLEASE USE THE FOLLOWING PAGE TO PROVIDE THE ABOVE INFORMATION.

This application is accepted by APPOINTMENT ONLY. To arrange an appointment, please visit the Planning Division's website: http://www.sanjoseca.gov/index.aspx?nid=1725. For assistance, call (408) 535-3555.

AFFIDAVIT OF OWNERSHIP

(ONLY FOR ADDITIONAL PROPERTY OWNERS)

wet/original signature required. Digital or scanned copy of the signature will NOT be accepted.

| THE UNDERSIGNED HEREBY DECLARE THAT ALL ITEMS ON THIS APPLICATION ARE TRUE AND CORRECT, AND DECLARE THAT THEY UNDERSTAND THAT ALL ITEMS ON THE FIRST PAGE OF THIS AFFIDAVIT OF OWNERSHIP APPLY TO THEIR PROJECT: | | | | | |
|--|-----------------------------------|----------------|--|--|--|
| PRINT NAME OF PROPERTY OWNER | DAYTIME TELEPHONE: | FAX TELEPHONE: | | | |
| ADDRESS CITY | r state | ZIP CODE | | | |
| NAME OF FIRM, IF APPLICABLE | TITLE OR OTHER OFFICIA | L CAPACITY* | | | |
| SIGNATURE (PRINT NAME IF DIFFERENT THAN THE ABOVE PROPERT | Y OWNER) | DATE | | | |
| wet/original signature required. Digital or scanned copy of the signatur | e will NOT be accepted. | | | | |
| PRINT NAME OF PROPERTY OWNER | DAYTIME TELEPHONE: | FAX TELEPHONE: | | | |
| ADDRESS CITY | Y STATE | ZIP CODE | | | |
| NAME OF FIRM, IF APPLICABLE | TITLE OR OTHER OFFICIAL CAPACITY* | | | | |
| SIGNATURE (PRINT NAME IF DIFFERENT THAN THE ABOVE PROPERTY OWNER) DATE | | | | | |
| wet/original signature required. Digital or scanned copy of the signature will NOT be accepted. | | | | | |
| PRINT NAME OF PROPERTY OWNER | DAYTIME TELEPHONE: | FAX TELEPHONE: | | | |
| ADDRESS CITY | Y STATE | ZIP CODE | | | |
| NAME OF FIRM, IF APPLICABLE | TITLE OR OTHER OFFICIAL CAPACITY* | | | | |
| SIGNATURE (PRINT NAME IF DIFFERENT THAN THE ABOVE PROPERT | DATE | | | | |
| wet/original signature required. Digital or scanned copy of the signature will NOT be accepted. | | | | | |
| PRINT NAME OF PROPERTY OWNER | DAYTIME TELEPHONE: | FAX TELEPHONE: | | | |
| ADDRESS CITY | Y STATE | ZIP CODE | | | |
| NAME OF FIRM, IF APPLICABLE | TITLE OR OTHER OFFICIAL CAPACITY* | | | | |
| SIGNATURE (PRINT NAME IF DIFFERENT THAN THE ABOVE PROPERT | DATE | | | | |
| wet/original signature required. Digital or scanned copy of the signature will NOT be accepted. | | | | | |
| * PLEASE STATE IF YOU ARE A PARTNER, PRESIDENT, VICE-PRESIDENT, ETC | | | | | |
| IF THERE ARE ADDITIONAL PROPERTY OWNERS, PLEASE ATTACH SEPARATE COPIES OF THIS PAGE TO PROVIDE THE ABOVE INFORMATION. | | | | | |

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