



CITY OF LONG BEACH

DEPARTMENT OF DEVELOPMENT SERVICES

100 W. BROADWAY, SUITE 400 • LONG BEACH, CALIFORNIA 90802 • (562)570-2633 FAX (562)570-6034

GARAGE RESALE PROGRAM

APPLICATION FOR GARAGE EXEMPTION CERTIFICATE

Pursuant to Section 18.62 of the Long Beach Municipal Code, the undersigned hereby requests an Exemption Certificate for the below-described property. The Exemption Certificate will be issued if the property has a common parking facility, is the first sale of the property, or offers no off-street parking.

Should the property require an inspection, any unlawful condition relating to the use and maintenance of the required off-street parking spaces will be cited by the inspector. Such condition(s) shall be brought into compliance within ninety (90) days of such citation, or within sixty (60) days of the close of escrow, whichever comes first.

The Exemption Certificate shall be delivered by the owner or the authorized designated representative of the owner to the buyer or transferee of the residential building prior to the consummation of the sale or exchange.

Address of Property: _____ No. of Units: _____ Bldg. Use: _____
(SFD / APT / CONDO / etc.)

Owner's Name: _____ Phone #: _____

Owner's Address: _____

(City) / (Street) / (State) / (Zip)

Applicant's Name: _____ Date _____
(If different from Owner)

Applicant's Address: _____ Phone: _____

(City) / (Street) / (State) / (Zip) Fax: _____

MARK which criteria the property falls under for exemption:

_____ Common/Subterranean Parking _____ First Sale _____ No Parking

I certify that I have read this application and state that the above information is correct. I agree with the above requirements and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes. Further, I acknowledge that I am obligated to pay the full fee required prior to the Exemption Certificate being issued, regardless of the outcome of this transaction.

Owner or Listing Agent: _____ Date: _____
(Circle one)

Escrow Company and Agent: _____ Escrow No: _____

MAIL REPORT TO: _____

(Name)

(Street)

(City)

E-MAIL ADDRESS: _____
06/20/11