



City of San Diego
 Development Services Department
 1222 First Ave. • MS-302
 San Diego, CA 92101-4154
 (619) 446-5000

Ownership Disclosure Statement

Project Title LARSEN ADDITION	Project No. For City Use Only
Project Address: 6891 MIENWALL DR, SAN DIEGO CA 92119	
Legal Status (please check):	
<input type="checkbox"/> Corporation (<input checked="" type="checkbox"/> Limited Liability -or- <input type="checkbox"/> General) What State? _____ Corporate Identification No.: _____ <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Individual	
<p>Please list below the owner(s) and tenant(s) (if applicable) of the above referenced property. The list must include the names, titles and addresses of all persons who have an interest in the property, recorded or otherwise, and state the type of property interest (e.g., tenants who will benefit from the permit, all individuals, all corporate officers, and all partners in a partnership who own the property). Note: The applicant is responsible for notifying the Project Manager of any changes in ownership during the time the application is being processed or considered. Changes in ownership are to be given to the Project Manager at least thirty days prior to any public hearing on the subject property.</p>	
Name (type or print): STEVE LARSEN	Name (type or print):
Title/Property Interest (type or print): OWNER	Title/Property Interest (type or print):
Street Address: 6891 MIENWALL DR	Street Address:
City/State/Zip: SAN DIEGO, CA 92119	City/State/Zip:
Phone No: 619 465-2240 Fax No: 619 465-2240	Phone No: Fax No:
Signature: <i>[Signature]</i> Date:	Signature: Date:
Name (type or print):	Name (type or print):
Title/Property Interest (type or print):	Title/Property Interest (type or print):
Street Address:	Street Address:
City/State/Zip:	City/State/Zip:
Phone No: Fax No:	Phone No: Fax No:
Signature: Date:	Signature: Date:
Name (type or print):	Name (type or print):
Title/Property Interest (type or print):	Title/Property Interest (type or print):
Street Address:	Street Address:
City/State/Zip:	City/State/Zip:
Phone No: Fax No:	Phone No: Fax No:
Signature: Date:	Signature: Date:

This information is available in alternative formats for persons with disabilities.
 To request this information in alternative format, call (619) 446-5446 or (800) 735-2929 (TDD)