



CODE ENFORCEMENT DEPARTMENT
COUNTY OF RIVERSIDE

5317 MISSION BLVD.
RIVERSIDE, CALIFORNIA 92509
(951) 341-6631 • FAX (951) 275-8791

JOHN BOYD
DIRECTOR

Community Development Block Grant (CDBG) Program Application

This application must be completed in full. If you need assistance with the application or have questions, please call the Code Enforcement Department at () . Applications will be processed in the order in which they are received.

Are You Seeking a CDBG Grant? Yes _____ No _____

Request of Service for:

dry vegetation trash/outside storage inoperable vehicles unoccupied mobile home substandard structure other

Applicant Information: (Please print clearly)

Applicant's Name : _____ Tenant Yes No

Address: _____

Business Phone No.: () _____ Fax No.: () _____ Home Phone No.: () _____

Property Owner Name: _____

Contact Person & Title: _____

Owner's Address: _____

Phone No.: () _____ Fax No.: () _____

Site Information (REQUIRED):

Type of Service Requested: Residence _____ Other (explain) _____

Is The Property Vacant? Yes _____ No _____, (explain) _____

Address: _____

Assessor's Parcel Number(s): _____

(On County Tax Bill)

Description of service(s) requested(Be as thorough as possible): _____

Accompanying this application, please submit a color photograph of the Mobile Home, Structure, Trash/Outside Storage, Vehicle(s), and/or fire hazardous vegetation to be abated or property that will be beautified and proof of being the property owner of record/legal tenant, including a copy of the Grant Deed or Lease Agreement, or copy of Registration of Title. Please indicate the address on all sheets submitted for review.

A Right of Entry and Consent to Abate Agreement will be executed outlining the terms of the Code Enforcement Department for the County of Riverside CDBG Grant Program upon Department's approval of the application. The CDBG Grant Program does not cover any work performed prior to Department approval of the application or any work performed without the expressed, written consent of the Department.

Certification Statement:

I/We acknowledge the filing of this application and certify that all above information is true and accurate.

Signature of Applicant

Date

Signature of Applicant

Date

To Be Completed By Department:

Date Application Received: _____ Received By: _____ CDBG Project Area: _____

Application Approved Denied, reason: _____ Approval/Denial Date _____

CP Number: _____ Date _____

Abatement Scheduled for Date: _____ Removal Order Attached Photos Included Proof of Ownership

Related CV#'s, if applicable: _____

Notes: _____