



Carolyn Syms Luna  
Director

# RIVERSIDE COUNTY PLANNING DEPARTMENT

## STANDARD LETTER OF APPLICATION WITHDRAWAL

INCOMPLETE LETTERS WILL NOT BE ACCEPTED AND PROCESSED.

*(To be completed by Case Planner)*

CASE NUMBER(S): \_\_\_\_\_ Set I.D. No. \_\_\_\_\_  
 Check box if all concurrent cases are to be withdrawn.

### APPLICATION INFORMATION

Applicant's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicant's Contact Person: \_\_\_\_\_  
*If the applicant is not a person or persons, a contact person and their title is required*

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City State ZIP*

Daytime Phone No: (\_\_\_\_) \_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_

NOTE: **Only the applicant of record, as shown in the County Land Management System (LMS), can request withdrawal of an application.**

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

(CHECK THE APPROPRIATE BOX)

I \_\_\_\_\_ hereby verify that I am the applicant of record and request to withdraw the above-referenced application(s) currently on file with the County of Riverside Planning Department.

I \_\_\_\_\_ hereby verify that I am not the applicant of record, but have provided relative documents as proof of applicant transfer and request to withdraw the above-referenced application(s) currently on file with the County of Riverside Planning Department.

I \_\_\_\_\_ verify that I am the applicant of record, but no longer wish to continue as such, and hereby transfer all rights, privileges, and responsibilities to the new applicant, as indicated below, who verifies receipt thereof

NEW Applicant's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

NEW Applicant's Contact Person: \_\_\_\_\_  
*If the applicant is not a person or persons, a contact person and their title is required*

Riverside Office · 4080 Lemon Street, 12th Floor  
P.O. Box 1409, Riverside, California 92502-1409  
(951) 955-3200 · Fax (951) 955-1811

Desert Office · 38686 El Cerrito Road  
Palm Desert, California 92211  
(760) 863-8277 · Fax (760) 863-7555

*"Planning Our Future... Preserving Our Past"*

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Mailing Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City* *State* *ZIP*

Daytime Phone No: (\_\_\_\_) \_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
*Signature of Existing Applicant*

\_\_\_\_\_  
*Signature of New Applicant*