



TEMPORARY RENTAL UNIT (TRU) APPLICATION

County of Ventura - Resource Management Agency - Code Compliance Division
800 South Victoria Avenue L#1760 Ventura, CA 93009
805-654-3506 Office • 805-477-1588 Fax

I hereby authorize the person identified below to act as my agent to apply for, sign, and file the documents necessary to obtain the permits required for my project. My agent shall receive copies of all notices and communications related to my project unless I have otherwise notified the County.

Project Description: _____

(Include Permit or Case # if available)

Project Location: _____

(Address, APN, and other property identification as needed)

Name of Authorized Agent: _____
(Please Print)

Address of Authorized Agent: _____

Phone # of Authorized Agent: _____

E-mail of Authorized Agent: _____

I declare under penalty of perjury that I am the property owner for the address listed above and I personally filled out the above information and certify its accuracy. Further, I agree that I and my agent will abide by all ordinances of the County of Ventura and that any approvals granted for this project will be carried out in accordance with the requirements of the County of Ventura.

Property Owner's Name: _____
(Please Print)

Property Owner's Signature: _____ Date: _____

Property Owner's Email: _____

Note: A copy of the owner's driver's license, notarization, or other verification acceptable to the agency must be submitted with this form to verify property owner's signature. The owner shall be as shown on the latest Assessor records.