

**Section 3: Applicant Certificate**

I affirm that my statements contained in the complete application are true and correct to the best of my knowledge and belief.

Applicant Signature:  Date: 8/10/17

Applicant Name (typed or printed): David Cancialosi c/o Permit Partners, LLC

Applicant Mailing Address: 105 W. Riverside Dr. #225

City: Austin State: TX Zip: 78704

Phone (will be public information): 512-593-5361

Email (optional – will be public information): [REDACTED]

**Section 4: Owner Certificate**

I affirm that my statements contained in the complete application are true and correct to the best of my knowledge and belief.

Owner Signature:  Date: 8/10/17

Owner Name (typed or printed): Valla Djafari

Owner Mailing Address: 2009 Lakeshore Dr.

City: Austin State: TX Zip: 78746

Phone (will be public information):

Email (optional – will be public information):

**Section 5: Agent Information**

Agent Name: David Cancialosi c/o Permit Partners, LLC

Agent Mailing Address: 105 W. Riverside Dr. #225

City: Austin State: TX Zip: 78704

Phone (will be public information): 513-593-5361

Email (optional – will be public information): [REDACTED]

**Section 6: Additional Space (if applicable)**

Please use the space below to provide additional information as needed. To ensure the information is referenced to the proper item, include the Section and Field names as well (continued on next page).

Please see attachment.