



**CITY OF SANTA CLARITA  
DEVELOPMENT SERVICES DIVISION**

**DUST CONTROL COMPLIANCE STATEMENT**

I/We the owner(s) of \_\_\_\_\_  
*(Project Name, Address, Tract No.)*

do hereby agree to provide adequate dust control measures on the subject property during grading and construction in compliance with, but not limited to, Santa Clarita Unified Development Code Chapter 17.30. Additionally, I/we assume responsibility for compliance with the City's dust control regulations, and will notify the following named contractor, who will be performing the construction, of this obligation:

\_\_\_\_\_  
*(Company Name) (Contact Person) (Office Telephone) (Mobile Telephone)*

We hereby state that to alleviate dust generation on the site, the total site shall be watered completely by:

\_\_\_\_\_  
*(Describe dust control methods to be used, i.e., water truck, water hose, sprinklers, etc.)*

Said method(s) shall comply with the requirements of the City of Santa Clarita's grading regulations and inspectors, and shall be pursuant to a City-approved dust control plan.

In the event that a violation occurs, I/we acknowledge that the City may issue a citation or institute code enforcement proceedings that may result in City authorized personnel entering the property to perform dust control measures. I/we also agree to reimburse the City for any costs they incur for dust control on the project in the event of our noncompliance.

The following are individuals that may be contacted at any time to report the lack of any dust control measures on the project:

	<u>Name</u>	<u>Telephone</u>	<u>Mobile Telephone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

As the owner(s) of the above referenced property, I/we have read the above and agree to its contents. (Owner's signatures must be acknowledged before a Notary Public.)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

State of California

County of \_\_\_\_\_



On \_\_\_\_\_ before me, \_\_\_\_\_, Notary Public,  
Date Here Insert Name and Title of the Officer

personally appeared \_\_\_\_\_  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal Above

Signature \_\_\_\_\_  
Signature of Notary Public

## OPTIONAL

*Though the information below is not required by law, it may prove valuable to person relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

### Description of Attached Document

Title or type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_

- Individual
- Corporate Officer --Title(s): \_\_\_\_\_
- Partner --  Limited  General
- Attorney-in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER  
Top of thumb here

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

- Individual
- Corporate Officer -- Title(s): \_\_\_\_\_
- Partner --  Limited  General
- Attorney-in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER  
Top of thumb here

Signer Is Representing: \_\_\_\_\_