

City of Hawaiian Gardens - CDD



WINDOW SECURITY BAR REMOVAL PROGRAM APPLICATION

I. APPLICANT INFORMATION

Applicant Name:			
Applicant Address:		Apt./ Suite:	
City:		State/ ZIP:	
Home Phone:		Cell Phone or Other Number:	
Email Address:			

ARE YOU: TENANT PROPERTY OWNER CITY OF HAWAIIAN GARDENS EMPLOYEE

II. OWNER INFORMATION

Owner Name:		Tenant Name:	
Owner Address:		Apt./ Suite:	
City:		State/ ZIP:	
Home Phone:		Cell Phone Or other number:	
Email Address:			

III. TYPE OF ASSISTANCE YOU ARE APPLYING FOR: (CHECK OPTION 1 OR OPTION 2)

OPTION 1.

- Removal of Security Bars
- Security Cameras

OPTION 2.

- Removal of Security Bars
- New windows
- Security door
- Landscaping
- Other

IV. PROPERTY INFORMATION: (CHECK ALL THAT APPLY)

Single family dwelling <input type="checkbox"/>	Duplex Property <input type="checkbox"/>	Condo Unit <input type="checkbox"/>	Mobile Home <input type="checkbox"/>
Rental Unit <input type="checkbox"/>	Owner Occupied <input type="checkbox"/>		

V. TYPE OF ASSISTANCE:

BRIEFLY DESCRIBE THE TYPE OF ASSISTANCE YOU ARE APPLYING FOR

VI. ACKNOWLEDGEMENT:

I, the undersigned, acknowledge that I understand that Staff will conduct an inspection of the subject property to determine Programs services that are being requested, after review, the Community Development Director will have the final approval on the Project.

Applicant Signature Printed Name of Applicant Date

Owner Signature Printed Name of Owner Date

Please complete and return application to:

**City of Hawaiian Gardens
Community Development Department
Attn: Celina Estrada
(562) 420-2641 x248
21815 Pioneer Blvd.
Hawaiian Gardens, CA 90716**