



## Garage Resale Program Application For Garage Exemption Certificate

Pursuant to Section 18.62 of the Long Beach Municipal Code, the undersigned hereby requests an Exemption Certificate for the below-described property. The Exemption Certificate will be issued if the property has a common parking facility, is the first sale of the property, or offers no off-street parking.

Should the property require an inspection, any unlawful condition relating to the use and maintenance of the required off-street parking spaces will be cited by the inspector. Such condition(s) shall be brought into compliance within ninety (90) days of such citation, or within sixty (60) days of the close of escrow, whichever comes first.

The Exemption Certificate shall be delivered by the owner or the authorized designated representative of the owner to the buyer or transferee of the residential building prior to the consummation of the sale or exchange.

Address of Property: \_\_\_\_\_ No. of Units \_\_\_\_\_ Bldg. Use: \_\_\_\_\_  
(SFD / APT / CONDO / etc.)

Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(If different from Owner)

Applicant's Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip) Fax: \_\_\_\_\_

MARK which criteria the property falls under for exemption:

\_\_\_\_\_ Common/Subterranean Parking \_\_\_\_\_ First Sale \_\_\_\_\_ No Parking



I certify that I have read this application and state that the above information is correct. I agree with the above requirements and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes. Further, I acknowledge that I am obligated to pay the full fee required prior to the Exemption Certificate being issued, regardless of the outcome of this transaction.

**Owner or Listing Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Select one)

**Escrow Company and Agent:** \_\_\_\_\_ **Escrow No:** \_\_\_\_\_

**MAIL REPORT TO:** \_\_\_\_\_

(Name)

\_\_\_\_\_

(Street)

\_\_\_\_\_

(City)

**E-MAIL ADDRESS:** \_\_\_\_\_

To request this information in an alternative format or to request a reasonable accommodation, please contact the Community Development Department at longbeach.gov/lbcd and 562.570.3807. A minimum of three business days is requested to ensure availability; attempts will be made to accommodate requests with shorter notice.