

# DEVELOPMENT APPLICATION FORM

**PROJECT INFORMATION**

<b>Project Name</b> DisneylandForward	<i>Conceptual Development Review No. (if applicable)</i>
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<b>Project Address or Location</b> 1515 S. Harbor Blvd, et al	<b>Assessor's Parcel Number(s)</b> See Attached Exhibit
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**Project Description**  
Please see attached project description

**Current Land Use**  
Various

**APPLICATION TYPE – Check all permits being requested:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Affordable Housing/Density Bonus  | <input type="checkbox"/> Modification of Approved Permit | <input type="checkbox"/> Tentative Parcel Map                              |
| <input type="checkbox"/> Conditional Use permit - Minor    | <input type="checkbox"/> Public Convenience of Necessity | <input type="checkbox"/> Tentative Tract Map                               |
| <input type="checkbox"/> Conditional Use permit – Regular  | <input type="checkbox"/> Reclassification                | <input type="checkbox"/> Time Extension                                    |
| <input checked="" type="checkbox"/> Development Agreement  | <input type="checkbox"/> Reinstatement                   | <input type="checkbox"/> Variance  |
| <input type="checkbox"/> Final Site Plan                   | <input type="checkbox"/> Specimen Tree Removal           | <input type="checkbox"/> Zoning Code Amendment                             |
| <input checked="" type="checkbox"/> General Plan Amendment | (Discretionary)  | <input checked="" type="checkbox"/> Other: <u>Specific Plan Amendments</u> |

**APPLICANT INFORMATION (the individual or entity financially responsible for the project)**

<b>Applicant Name</b> Walt Disney Parks and Resorts U.S., Inc.	<b>Company Name</b> Walt Disney Parks and Resorts U.S. Inc.
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<b>Phone No</b> 818-560-8952	<b>E-mail Address</b> deanna.detchemendy@disney.com
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<b>Address</b> 500 S. Buena Vista St	<b>City</b> Burbank	<b>Zip Code</b> 91521
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*I have read and understand the obligations regarding the filing and processing of the attached application. Further, the information submitted as part of this application, including maps, plans, drawings, statements and answers contained herein, are in all respects true and correct. The applicant name should match the DTF Setup Form and is the person financially responsible for the payment of fees associated with this request.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AGENT INFORMATION (if applicable)**

<b>Agent Name</b> Joe Haupt	<b>Company Name</b> Spectrum Development Group, Inc.
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<b>Phone No</b> 949-788-0904	<b>E-mail Address</b> joe.haupt@spectrum-development.com
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<b>Address</b> 4 Venture, Suite 110	<b>City</b> Irvine	<b>Zip Code</b> 92618
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**PROPERTY OWNER INFORMATION**

<b>Property Owner</b> Varies - See Attached	<b>Company Name</b>
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<b>Phone No</b>	<b>E-mail Address</b>
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<b>Address</b>	<b>City</b>	<b>Zip Code</b>
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*I am the owner of record, or his/her authorized representative, of the property which is the subject of this application. I approve of the action requested. **ATTACH A NOTARIZED ACKNOWLEDGEMENT.***

(CHECK HERE IF APPLICABLE)  I ALSO HEREBY AUTHORIZE THE ABOVE APPLICANT AND AGENT TO ACT ON MY BEHALF IN SUBMITTING THIS APPLICATION.

**Signature:** WALT DISNEY PARKS AND RESORTS U.S., INC.  
By: [Signature] **Date:** July 20, 2021

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )

County of Los Angeles )

On July 20, 2021 before me, Nevine F. Ayad, Notary Public,

Date

Here Insert Name and Title of the Officer

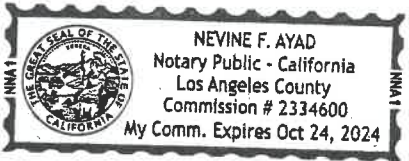
personally appeared \_\_\_\_\_

Deanna Detchemendy  
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.



Signature Nevine F. Ayad  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended 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: \_\_\_\_\_

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

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

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

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

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