

FOR OFFIC

APPLICATION FOR TENTATIVE PARCEL MAP

The following information and attachments are required to be attached to this application.

| Existin | g parcels: Submit copies of reco | orded grant deeds and | l/or title report. | | |
|------------------------------------|---|---|------------------------|-----------|----------|
| Located on the: | | side of | btw. | & | |
| Assess | or's Parcel Numbers: | | | | |
| Zone d | istrict(s) | | | | |
| Date p | roperty was purchased: | | | | |
| Deed Recorded: Book- | | Page- Do | | cument No | |
| Square | e footage of existing parcel(s): | | | | |
| Acreag | e of existing parcel(s) | | | | |
| Number of proposed parcels: | | If over 4 parcels proposed, cite justification by Map Act Section No. | | | |
| Square | e footage of proposed parcel(s): | | | | |
| Acreag | e of proposed parcel(s): | | | | |
| Existin | g use of parcel(s) to be divided: | | | | |
| | sed use of the new parcels/relate | | od of Sewage disposal: | | |
| Signatu | re(s) of Record Owner(s):* | | <u> </u> | | |
| Name (print): | | Address: | | Phone: | |
| Signatu | re of agent (if applicable): | | | | |
| Name (print): | | Address: | | Phone: | |
| Signatu | re of person preparing map: | | | | |
| Name (print): | | Address: | | Phone: | |
| | | | | | |
| Γ | Date Received | | Received By: | | <u> </u> |
| E ONLY | TENTATIVE PARCEL MAP NO. | | Fees Paid: \$ | | |
| USE | | | HTE No.: | | <u> </u> |
| CIAL | | | Planner: | | |

NOTE: Approval of the Tentative Parcel Map is based on submitted data. Conditions affecting the property which do not appear on this application or the map may void approval.

* All owner(s) must either sign the application or must provide a letter of authorization.