

MINOR SUBDIVISION

I.C. PLANNING & DEVELOPMENT SERVICES DEPT
801 Main Street, El Centro, CA 92243 (760) 482-4236

- APPLICANT MUST COMPLETE ALL NUMBERED (black) SPACES - Please type or print -

1. PROPERTY OWNER'S NAME	EMAIL ADDRESS	
2. MAILING ADDRESS	ZIP CODE	PHONE NUMBER
3. ENGINEER'S NAME	CAL. LICENSE NO.	EMAIL ADDRESS
4. MAILING ADDRESS	ZIP CODE	PHONE NUMBER
5. PROPERTY (site) ADDRESS	LOCATION	
6. ASSESSOR'S PARCEL NO.	SIZE OF PROPERTY (in acres or square foot)	
7. LEGAL DESCRIPTION (attach separate sheet if necessary)		
8. EXPLAIN PURPOSE/REASON FOR MINOR SUBDIVISION		

9. Proposed DIVISION of the above specified land is as follows:

PARCEL	SIZE in acres or sq. feet	EXISTING USE	PROPOSED USE	ZONE
1 or A				
2 or B				
3 or C				
4 or D				

PLEASE PROVIDE CLEAR & CONCISE INFORMATION (ATTACH SEPARATE SHEET IF NEEDED)

10. DESCRIBE PROPOSED SEWER SYSTEM(s)	_____
11. DESCRIBE PROPOSED WATER SYSTEM	_____
12. DESCRIBE PROPOSED ACCESS TO SUBDIVIDED LOTS	_____
13. IS THIS PARCEL PLANNED TO BE ANNEXED?	IF YES, TO WHAT CITY or DISTRICT?
<input type="checkbox"/> Yes <input type="checkbox"/> No	

I HEREBY APPLY FOR PERMISSION TO DIVIDE THE ABOVE SPECIFIED PROPERTY THAT I OWN CONTROL, AS PER ATTACHED INFORMATION, AND PER THE MAP ACT AND PER THE SUBDIVISION ORDINANCE.

I, CERTIFY THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.

Print Name (owner) _____ Date _____

Signature (owner) _____

Print Name (Agent) _____ Date _____

Signature (Agent) _____

REQUIRED SUPPORT DOCUMENTS

- A. TENTATIVE MAP
- B. PRELIMINARY TITLE REPORT (6 months or newer)
- C. FEE _____
- D. OTHER _____

Special Note:
An notarized owners affidavit is required if application is signed by Agent.

APPLICATION RECEIVED BY: _____	DATE _____	REVIEW / APPROVAL BY OTHER DEPT'S required.
APPLICATION DEEMED COMPLETE BY: _____	DATE _____	<input type="checkbox"/> P. W.
APPLICATION REJECTED BY: _____	DATE _____	<input type="checkbox"/> E. H. S.
TENTATIVE HEARING BY: _____	DATE _____	<input type="checkbox"/> A. P. C. D.
FINAL ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	DATE _____	<input type="checkbox"/> O. E. S.
		<input type="checkbox"/> _____
		<input type="checkbox"/> _____

PM#
