

Email: planninginfo@co.imperial.ca.us

Website: www.icpds.com

## SB 9 APPLICATION FOR PARCEL MAP – URBAN LOT SPLIT

ACKNOWLEDGEMENT FORM
Applicant's Name:  Project Address:
Assessor's Parcel Number:  Approval of an SB 9 project by the Imperial County Planning & Development Services Department (Planning Division) <u>DOES NOT</u> guarantee approval/clearance by other Imperial County (County) departments or other agencies. Additional fees and studies from other County departments or agencies may be required, including but not limited to those listed below. Project feasibility can be negatively impacted by the following, which are not verified during Planning/Land Use Review:
Earthquake Fault Zones
<ul> <li>Properties located within a delineated earthquake fault zone do not qualify for SB 9 unless the project complies with applicable seismic protection building code standards.</li> <li>The Imperial County Department of Public Works (Public Works) – Geotechnical and Materials Engineering Division and the Building and Safety Division identify earthquake fault hazards and verify compliance with seismic protection building code standards during their review.</li> </ul>
100-Year Flood Zones
<ul> <li>Properties located within a Federal Emergency Management Agency (FEMA) 100-year flood zone do not qualify for SB 9 unless the property is subject to a Letter of Map Revision prepared by FEMA and issued to the County or meets FEMA requirements necessary for minimum flood plain management criteria.</li> <li>A Letter of Map Revision issued by FEMA or evidence demonstrating the property meets FEMA requirements necessary for minimum flood plain management criteria must be submitted and verified by Public Works.</li> </ul>
Regulatory Floodway
<ul> <li>Properties located within a regulatory floodway as determined by FEMA do not qualify for SB 9 unless the project has received a no-rise certification in accordance with Section 60.3(d)(3) of Title 44 of the Code of Federal Regulations, to be submitted and verified by Public Works.</li> </ul>
Sewer Capacity and Engineering
<ul> <li>Properties with a private wastewater (septic) system must also demonstrate that the system meets all requirements of the Imperial County Environmental Public Health Services (EHS).         <ul> <li>Verification of a percolation test performed within the last five years, or the last ten years if the percolation test has been recertified, will be required by EHS in addition to other studies.</li> </ul> </li> <li>A grading and drainage plan may be required by Public Works to determine a property's capacity to support additional units.</li> </ul>
I/We, the property owner(s) have read and understand that review and approval of the proposed project by Imperial County Planning 8 Development Services (Planning Division) DOES NOT guarantee approval/clearance by other County departments or agencies. I/We further acknowledge I/we am/are continuing with the review of the project by the Planning Division at my own risk. If the project's development is not allowed by another County department or agency, the Planning Division fees will be refunded.
Property Owner Name:
Signature: Date:
Property Owner Name

Date:

(For additional names, please use a separate sheet of paper)

Signature:



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# SB 9 APPLICATION FOR PARCEL MAP – URBAN LOT SPLIT APPLICATION REQUIREMENTS

APPLICATION SUBMITTAL REQUIREMENTS
Applicant's Name:
Mailing Address:
Daytime Phone: Email:
Project Address:
Assessor's Parcel Number:
Senate Bill 9 Review Process:
Step 1 Confirm the project is eligible. Projects for a Two-Unit Development and/or Urban Lot Split must meet all the criteria on the respective Senate Bill 9 (SB 9) Eligibility Checklist to qualify for ministerial review. A project that includes a proposal for a Two-Unit Development and an Urban Lot Split must complete both checklists.
Step 2 Submit a complete SB9 Application Packet. If you determine your project is eligible, you may submit the SB 9 Two-Unit Development Application and/or the Urban Lot Split Application Packet with each of the required forms, information, and plans required in order for the County staff to review your project. Each of the listed items is required for a complete application.
Step 3 Timelines for Ministerial Review.
1. Completeness & Eligibility Review. The County will issue a determination of completeness and eligibility within 30-days of
receipt of an application.  2. Action on the Application. County staff will issue an approval or denial on the application within 60-days of the completeness determination.
<u>Step 4 Submit for Building and/or Engineering Approvals.</u> Following a project approval, permits including Building Permits and Encroachment Permits are to be applied for and reviewed.
Required Application Forms:
□       SB 9 Application for Parcel Map – Urban Lot Split       □       Owner Occupancy Affidavit         □       SB 9 Checklist for Parcel Map – Urban Lot Split (this form)       □       Acknowledgment Form         □       Indemnification Form       □       Copyrights Release Form
Required Project Information:
Indicate below each of the required documents or plan set components that have been prepared and submitted for this application.
Project Documents: All documents must reflect the document requirements.
<ul> <li>□ Site Analysis &amp; Neighborhood Context Map</li> <li>□ Preliminary Title Report</li> <li>□ Preliminary Drainage Report</li> </ul>
Project Plan Set Components: All plans/sheets must reflect the plan sheet requirements.
□ Proposed Tentative Tract Map
NOTE: Use the document requirements or plan sheet requirements to determine if you should include a document requirement or plan sheet requirement within your application packet.
Required Fees

IC Planning & Development – Planning Fee Schedule Effective September 1, 2023 (Title 9 Division 9 Chapter 1 Section 90901.03)

Minor Subdivision Administrative (SB9 Urban Lot Split) – Not more than 2 lots = \$3,000.00



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### **SB 9 APPLICATION FOR PARCEL MAP – URBAN LOT SPLIT**

	ACKNOWLEDGEMENT - COPYRIGHTS RELEASE FORM
Applicant's Name:	
Project Address:	
Assessor's Parcel Nur	
hazard, or geotechnic in furtherance of this which may be review	It acknowledges, understands, and agrees that any soils, seismic hazard, landslide, geologic, natura cal report, study, or information submitted to the County of Imperial by, or on behalf of, the applicant is application submitted by the applicant will be treated by the County of Imperial as public records wed by any person and if requested, that a copy will be provided by the County to any person upor rect costs of duplication.
I have read a	and agree to all of the above.
APPLICANT	
Applicant's Name:	
Mailing Address:	
Daytime Phone:	Email:
Signature:	Date:
REAL PARTY OF INTE	REST (if different from Applicant)
Real Property Owner I	Name:
Mailing Address:	name:
Daytime Phone:	Email:
Signature:	Date:
PROFESSIONAL (e.g.	architect, engineer)
Professional's Name:	
Mailing Address:	
Daytime Phone:	Email:
Signature:	Date:
Professional's Name:	
Mailing Address:	
Daytime Phone:	Email:
Signature:	Date:
ACCEPTED/RECE	IVED BY Date



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### **SB 9 APPLICATION FOR PARCEL MAP – URBAN LOT SPLIT**

	INDEMNIFICATION FORM
Applicant's Name:	
Project Address:	
Assessor's Parcel Nu	mber:
and release the Cou any claim, action, or approval of this app obligation shall include asserted by any pers	is application, applicant and real party in interest, if different, agree to defend, indemnify, hold harmless, inty of Imperial ("County"), its agents, officers, attorneys, and employees (including consultants) from proceeding brought against any of them, the purpose of which is to attack, set aside, void, or annul the olication or adoption of the environmental document which accompanies it. This indemnification de, but not be limited to, damages, costs, expenses, attorney fees, or expert witness fees that may be son or entity, including the applicant, arising out of or in connection with the approval of this application, e is concurrent negligence on the part of the County, its agents, officers, attorneys, or employees is).
(including consultant	, action, or proceeding is brought against the County, its agents, officers, attorneys, or employees is), to attack, set aside, void, or annul the approval of the application or adoption of the environmental ompanies it, then the following procedures shall apply:
brought by	g Director shall promptly notify the County Board of Supervisors of any claim, action or proceeding an applicant challenging the County's action. The County, its agents, attorneys and employees onsultants) shall fully cooperate in the defense of that action.
regularly reg counsel to b that the Cour for all costs	shall have the final determination on how to best defend the case and will consult with applicant parding status and the plan for defense. The County will also consult and discuss with applicant the e used by County to defend it, either with in-house counsel, or by retaining outside counsel provided nty shall have the final decision on the counsel retained to defend it. Applicant shall be fully responsible incurred. Applicant shell be entitled to provide his or her own counsel to defend the case, and said counsel shall work with County Counsel to provide a joint defense.
APPLICANT	
Applicant's Name:	
Mailing Address:	
Daytime Phone:	Email:
Signature:	Date:
REAL PARTY OF INTE	EREST (if different from Applicant)
Real Property Owner	Name:
Mailing Address:	
Daytime Phone:	Email:
Signature:	Date:
ACCEPTED/RECE	EIVED BY Date



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#### **SB 9 APPLICATION FOR** PARCEL MAP - URBAN LOT SPLIT

#### **OWNER OCCUPANCY AFFIDAVIT**

#### **THIS FORM MUST BE NOTARIZED**

This is to certify under penalty property known as: Assessor's Parcel Number:	of perjury that the undersigned is/are the property owner(s) on record of the
Project Street Address:	
Legal Description:	Please attach as Exhibit A on a Separate Page
	units located at the above listed location(s) as my/our principal residence for a from the date of final map recordation of an urban lot split.
I/We declare under penalty of p and correct.	erjury that I/we have reviewed this Affidavit and the information furnished is true
Property Owner Name:	
	Date:
Property Owner Name:	
	Date:
(For additional names, please use a separa	
	completing this certificate verifies only the identity of the individual who this certificate is attached, and not the truthfulness, accuracy, or validity of
STATE OF CALIFORNIA COUNTY OF IMPERIAL	
Onbefo	re me,, <b>a Notary Public</b> ,
Date	Name and Title of Officer
personally appeared	Name(s) of Signer(s)
instrument and acknowledged to m	satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the withing that he/she/they executed the same in his/her/their authorized capacity(ies), and that nstrument the person(s), or the entity upon behalf of which the person(s) acted, executed
	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 of Notary Public



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## SB 9 APPLICATION FOR PARCEL MAP – URBAN LOT SPLIT

	STAFF USE ONLY		
Date Received:	Received By:		
Assessor's Parcel Number:			Lot Area:
THE BELOW SEC	TIONS MUST BE COMPLETE	D BY THE APPLICA	<u>NT</u>
	PROJECT SUMMARY		
Street Address:  Legal Description (Lot, Block, Tract):			
Existing Use(s) Describe in detail what the ex	isting use(s) of the project site	is:	
Project Description:			
Zoning Parameters:			
	<u>Required</u>	Existing	Proposed
Lot Area			
Lot Coverage			
Total Floor Area			<u> </u>
Floor Area of Junior ADU or ADU (if applicable)			<u> </u>
Front Yard Setback			<u> </u>
Left Yard Setback			<u> </u>
Right Yard Setback			<u> </u>
Rear Yard Setback			<u> </u>
Building Height			<u> </u>
Parking Space			
Property(ies) Affected:			
Assessor's Parcel Number	<u>Address</u>		Parcel Size

- 1. Attach a survey map including the proposed and current boundaries, easements, right-of-ways, and existing structures.
- 2. Attach a legal description of each proposed lot.
- 3. If any of the proposed lots fail to comply with the existing zoning or subdivision laws, a variance may be required.

CONTACT INFORMATION				
Applicant's Name:				
Mailing Address:				
Daytime Phone:	En	nail:		
PROPETY OWNER ON RECORD	☐ Same as Applicant	☐ Different from Applicant (complete below)		
Property Owner(s) on Record:				
Mailing Address:				
Daytime Phone:	En	nail:		
AGENT / REPRESENTIVE OF PRO	PERTY OWNER			
Owner's Agent or Representative:				
Mailing Adduses.				
Daytime Phone:	En	nail:		
OTHER (E.G. ARCHITECT, ENGIN	EER, CONSULTANT OF PROPE	RTY OWNER)		
Owner's Agent or Representative:				
NA TEL A L L				
Daytime Phone:	En	nail:		
PRIMARY CONTACT FOR THE PR	ROJECT			
☐ Applicant ☐ Property Owr	ner	ve Other		
			_	
	PROEPRTY OWNE	R'S CONSENT		
	ne submitted information is true and	I property or have written authority from the property owner to find correct to the best of my knowledge and belief. I understand the first application.		
Property Owner Signature:		Date:		
Property Owner Signature:		Date:		
Property Owner Signature:		Date:		
Property Owner Signature:		Date:		