Application for Approval of Subdivision Plot

Contra Costa County Planning Commission
30 Muir Rd.,
Martinez, California
(925) 674-7200

The undersigned, being the owner or agents, of the property described herin, hereby make application for your examination and approval of the tentative map and the following statements presented herewith for a subdivision as required by Ordinance 67-19 and it's amendments being the Subdivision Ordinance of Contra Costa County, State of California.

SUBDIVISION NUMBER _____

GENERAL STATEMENT

1. Name of Subdivision _____

2. Existing use property _____

_____

3. Existing zoning of property _____

_____

4. Proposed use of property and the respective approximate proportion of the total area of property represented by each

_____

_____

5. Source of water supply. If the source is not a public utility, give source, quality and approximate quantity_____

_____

_____

6. Method of sewage disposal proposed _____

_____

7. Other improvements proposed _____

_____

_____

8. Time at which improvements are proposed to be installed _____

9. Description and location of existing community facilities, including schools shopping centers, parks, playgrounds, churches, public transportation lines and depots _____

10. Description of proposed subdivision including number of lots, average and minimum size of lots, kind of development, and total acreage of development _____

_____

_____

11. If the sub divider or his agent does not submit the improvement plans for this subdivision at this time, he does hereby expressly consent to an indefinit3e extension of the time limit for acting and reporting on the tentative maps, as specified in Article 5, Chapter 2, Part 2, Division 4, of the Business and Professions Code of the State of California. Signed by owner agent.

APPLICANT	OWNER
Name _____	Name _____
Address _____	Address _____
City, State _____	City, State _____
Phone _____	Phone _____
Applicant's Signature	Owner's Signature

FOR OFFICE USE ONLY

X-Ref. _____

Parcel Number _____ Atlas Page No. _____

Census Tract _____ Receipt No. _____

Area _____ Date Issued _____

Received By _____ Fee Paid _____

TO ALL PERSONS FILING FOR APPLICATIONS REQUIRING PUBLIC HEARING REVIEW:

The following ☐ APPLIES DOES NOT APPLY ☐

Please submit a list of names, addresses and assessor's parcel numbers for all properties within 300 feet of your property. Also supply 2 sets of legal sized stamped envelopes addressed to each individual property owner but do not include a return address.

The required parcel numbers can be determined from the parcel maps available in the Assessor's Office at (415) 646-2252.

The list of corresponding property owners can also be obtained from the Assessor's Office at 834 Court Street, Martinez, California.