

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 herein, 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 its 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 indefinite 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.