

**CITY OF COALINGA
PARCEL MAP WAIVER APPLICATION**

Application Number _____

Date _____

APPLICANT INFORMATION:

Applicant: _____

Property Owner's Name: _____

Applicant's Mailing Address: _____

Telephone Number: _____ Assessor Parcel Number: _____

Property Location (Street Address): _____

Legal Description (lot, block, tracts, etc.): _____

Important: In order to qualify for a Waiver the applicant must file a Tentative Parcel Map

PROPERTY USE INFORMATION:

Please give full and complete answers to the following questions:

1. Have you complied with all of the requirements for filling the Tentative Map? _____
(Include Tentative Parcel Map, and all attachments)

2. Show that adequate monuments exist in the field which appear on record in the office of the County Records to permit the reinstatement of boundaries for each parcel to be created (enclose map designating monuments).

3. Provide information that no dedication of rights-of-way or easements are offered or required. _____

4. Have all on-site and off site improvements, as required for parcel maps by section been completed? _____

5. Explain how the proposed division of land complies with the requirements as to area, design, floodwater drainage control, sanitary disposal facilities, water supply availability, environmental protection, and other requirement of the Subdivision Map Act and the City of Coalinga Municipal Code. _____

CERTIFICATION:

Owner of property hereby certifies he is the owner of the property on which the maps is proposed for subdivision, and that he has examined the map and contents to the submission of the map and this application.

Owner's Signature _____

Owner's Agent _____

Engineer of Map _____

Owner's Name (Please Print) _____

Mailing Address _____

Address _____

Mailing Address _____

Telephone _____

Telephone _____

Telephone _____