

**CITY OF COALINGA
TENTATIVE PARCEL MAP APPLICATION**

_____ Application Number

_____ Date

APPLICANT INFORMATION:

Applicant's Name: _____

Property Owner's Name: _____

Applicant's Mailing Address: _____

Telephone Number: _____ Assessor Parcel Number: _____

Property Location (Street Address): _____

Legal Description (Lot, Block, Tracts, etc.): _____

PROPERTY USE INFORMATION:

Current Zoning: _____ Existing Use: _____

Existing Structures: _____ Existing Number of Lots: _____

Proposed Number of Lots: _____ Area of Parcel (sq or acs.) _____

Minimum Lot Size (sq. ft.) _____ Proposed Zoning _____

Proposed Use: _____

Existing Easements and Use: _____

Are all public improvements currently installed? Yes No

Will all improvements meet City Minimum Requirements? Yes No

If no, list exceptions and give justification _____

Describe Improvements for:

Street Trees (List Type & Interval of Spacing) _____

Drainage Collection & Disposal: _____

Domestic Water Supply (Include Fire Hydrants): _____

Proposed Sewer Collection & Disposal: _____

Other Public Utilities (Power, Telephone, Irrigation, Cable TV) _____

ATTACH PRELIMINARY TITLE REPORT DESCRIBING THE STATUS OF ALL INTEREST IN PARCEL

CERTIFICATION:

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

Owner's Signature

Owner's Agent

Owner's Name (Please Print)

Address

Address

Telephone

Telephone

Engineer of Map

Address

Telephone