

**CITY OF COALINGA
TENTATIVE SUBDIVISION 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: _____ Proposed Number of Lots: _____

Existing Number of Lots: _____ Minimum Lot Size (Sq. Ft.): _____

Area of Parcel (Sq. or Acs.): _____ Proposed Use: _____

Existing Easement and Use _____

Proposed Restrictive Requirements (if any): _____

Will all improvement meet City of Coalinga Requirements Yes No .

If no, list exceptions and give justification: _____

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Describe Improvement 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 T.V.): _____

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