## APPLICATION FOR FINAL PARCEL MAP



FILING FEE: \$707.00 + actual consultant costs (All fees are Non-refundable)

Application No: PFPM#	Assessors Parcel No.:
Applicant or Authorized Agent	Address City State Zip
Telephone: Home: ()	Business: ()
Cell: ()	email:
Property Owner	Address City State Zip
Telephone: Home: ()	Business: ()
Cell: ()	email:
Address of Property:	
Legal Description:	
Present Use of Property:	Zone:
Purpose:	
Certification: I hereby certify that <u>I am</u> the record owne this application.	er of all the property proposed for subdividing in
	(Property Owner)
I hereby certify that <u>I am NOT</u> the record subdividing in this application. Said prop	
(Name, address and phone number)	
who has given consent to this proposed	subdivision, per attached letter.

Date:	Signature:
	(Applicant or Authorized Agent)
	(Applicant of Authorized Agent)

## **General Notes:**

- \* Applicant responsible for providing the original including all of the pertinent signatures and submit to the City Engineer.
- \* Form/content (Section 18.08.020 of the Barstow Municipal Code):
  The form and contents, submittal, approval and filing of parcels maps shall conform to the provisions of this chapter and the Subdivision Map Act. (Ord. 559 § 1 (part), 1986).
- \* Please direct all questions regarding this application to:

City of Barstow Planning Department 220 East Mountain View Street, Suite A Barstow, CA 92311 Phone (760) 256-3531