MAJOR SUBDIVISION

I.C. PLANNING & DEVELOPMENT SERVICES DEPT
801 Main Street, El Centro, CA 92243 (760) 482-4236

- APPLICANT MUST COMPLETE ALL NUMBERED (black) SPACES – Please type or print -

1. PROPERTY OWNER'S NAME	EMAIL ADDRESS	
2. MAILING ADDRESS	ZIP CODE	PHONE NUMBER
3. ENGINEER'S NAME CA. LICENSE NO.	EMAIL ADDRESS	
4. MAILING ADDRESS	ZIP CODE	PHONE NUMBER

5. PROPERTY (site) ADDRESS	LOCATION
6. ASSESSOR'S PARCEL NO.	SIZE OF PROPERTY (in acres or square foot)

7. LEGAL DESCRIPTION (attach separate sheet if necessary)

8. EXPLAIN PURPOSE/REASON FOR SUBDIVISION

9. Proposed DIVISION of the above specified land is as follows:

PARCEL	SIZE in acres or sq. feet	EXISTING USE	PROPOSED USE	ZONE
1 or A				
2 or B				
3 or C				
4 or D				

PLEASE PROVIDE CLEAR & CONCISE INFORMATION (ATTACH SEPARATE SHEET IF NEEDED)

10. DESCRIBE PROPOSED SEWER SYSTEM(s)

11. DESCRIBE PROPOSED WATER SYSTEM

12. DESCRIBE PROPOSED ACCESS TO MERGED PARCEL

13. IS THIS PARCEL PLANNED TO BE ANNEXED?   IF YES, TO WHAT CITY or DISTRICT?
    ☐ Yes   ☐ No

I HEREBY APPLY FOR PERMISSION TO DIVIDE THE ABOVE SPECIFIED PROPERTY THAT I ☐ OWN ☐ CONTROL, AS PER ATTACHED INFORMATION, AND PER THE MAP ACT AND PER THE SUBDIVISION ORDINANCE.

I, CERTIFY THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.

Print Name (owner)   Date

Signature (owner)

Print Name (Agent)   Date

Signature (Agent)

REQUIRED SUPPORT DOCUMENTS

A. TENTATIVE MAP

B. PRELIMINARY TITLE REPORT (6 months or newer)

C. FEE

D. OTHER

Special Note:
An notarized owners affidavit is required if application is signed by Agent.

APPLICATION RECEIVED BY:	DATE	REVIEW / APPROVAL BY OTHER DEPT'S required.
APPLICATION DEEMED COMPLETE BY:	DATE	☐ P. W.
APPLICATION REJECTED BY:	DATE	☐ E. H. S. ☐ A. P. C. D.
TENTATIVE HEARING BY:	DATE	☐ O. E. S.
FINAL ACTION: ☐ APPROVED ☐ DENIED	DATE	☐ _____ ☐ _____

TR#

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