CITY OF CHOWCHILLA
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

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PROPERTY USE INFORMATION:
Please give full and complete answers to the following questions:

1. Have you complied with all of the requirements for filing 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 Chowchilla Municipal Code._____
_____
_____

CERTIFICATION:

Owner of property hereby certifies they are the owner of the property on which the map(s) is proposed for subdivision, and that they have examined the map and consent to the submission of the map and this application.

_____   _____   _____
Property Owner's Signature   Property Owner's Agent   Engineer of Map

_____   _____   _____
Property Owner's Name (Please Print)   Mailing Address   Mailing Address

_____   _____   _____
Mailing Address   Telephone   Telephone

_____
Telephone