

APPLICATION FOR
REVISED TENTATIVE MAP
(PLEASE ANSWER ALL QUESTIONS)

APPLICANT'S NAME LAND OWNER'S NAME

ADDRESS ADDRESS

PHONE PHONE

AGENT'S NAME ENGINEER

ADDRESS ADDRESS

PHONE PHONE

PREVIOUS FILE NUMBER AND NAME

PROJECT LOCATION

ASSESSOR'S PARCEL NUMBER ZONING DISTRICT

SIZE OF PARCEL PRESENT USE

DESCRIPTION OF ORIGINAL PROJECT

DESCRIPTION OF REVISION BEING PROPOSED (attach revised maps)

REASON FOR REQUESTING REVISION TO TENTATIVE MAP (attach statement if necessary)

WILL EASEMENTS OR RIGHT-OF-WAY BE DEDICATED? YES NO
IS SEWER AND WATER SERVICE AVAILABLE? YES NO
IS PROPERTY SUBJECT TO FLOODING? YES NO

IN ORDER FOR THIS APPLICATION TO BE CONSIDERED COMPLETE, ALL
REQUIRED INFORMATION AND TENTATIVE MAPS MUST BE ATTACHED.

SIGNATURE OF APPLICANT DATE SIGNATURE OF LAND OWNER DATE

OFFICE USE
APPLICATION NO. FEE PAID ACCEPTED BY DATE
RECEIPT NO. PUBLIC HEARING/PLANNING COMMISSION REVIEW