



# CITY OF SOUTH GATE

## COMMUNITY DEVELOPMENT DEPARTMENT

### PLANNING DIVISION

8650 CALIFORNIA AVENUE  
 SOUTH GATE, CA 90280  
 Phone: (323) 563-9526 Fax: (323) 567-0725

#### **TENTATIVE TRACT AND PARCEL MAP APPLICATION**

<b>PROJECT INFORMATION</b>			
Project Description:			
Project Address:			
Zoning:		Assessor's Parcel Number:	
Legal Description:			

<b>PROPERTY OWNER INFORMATION</b>			
Name of Owner:			
Mailing Address:			
City, State, Zip:			
Telephone:		Email:	

<b>AUTHORIZED AGENT INFORMATION</b>			
(This is the person who will be contacted regarding this application. This person will be named the applicant in all documents related to this application.)			
Name of Agent:			
Mailing Address:			
City, State, Zip:			
Telephone:		Email:	

<b><u>For Office Use Only</u></b>	
Date Received: _____	Received By: _____
Case Number: _____	

**TENTATIVE TRACT AND PARCEL MAP APPLICATION**

**Owner's Affidavit**

I, (We), \_\_\_\_\_, hereby declare, under the penalty of perjury, that I (we) am (are) the owner(s) of the property involved in this request located at \_\_\_\_\_, and identified as APN \_\_\_\_\_, or if the owner is a corporation or other entity, that I (we) am (are) duly authorized to execute this affidavit on behalf of said corporation or entity. I (we) further declares that the foregoing statements and the information submitted herewith are true and correct.

Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**California All-Purpose Acknowledgment**

State of California )  
County of Los Angeles ) ss.

On \_\_\_\_\_ before me, \_\_\_\_\_,  
personally appeared \_\_\_\_\_  
\_\_\_\_\_

who proved to me on the basis of satisfactory evidence to be the person(s) whose names(s) is/are subscribed to the within instrument and acknowledgement to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PREJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

NOTE: This application must be signed by the property owner or authorized agent. If by authorized agent, a letter of authorization from the property owner must be filed with this application. An invalid signature would invalidate the requested procedure. If more than one person is involved in the ownership of the property being developed a separate pave must be attached to this application which lists the names, addresses and notarized signatures of all persons having an interest in the ownership of the property.

**TENTATIVE TRACT AND PARCEL MAP APPLICATION**

**Findings of Fact**

Please complete the entire application with detailed responses. Attach additional sheets as necessary. **Yes** or **No** responses are not acceptable.

1. What is the existing use of the property?

Vacant

Other: \_\_\_\_\_  
\_\_\_\_\_

2. What is the existing square footage of the lot being subdivided?

\_\_\_\_\_ SQ FT

3. Why is the proposed subdivision being requested? What is the intended use/development of the property?

\_\_\_\_\_

4. Identify the location of street dedications and specify the length and width of street dedications.

\_\_\_\_\_

5. Are private streets being proposed as part of this subdivision?

\_\_\_\_\_

6. Will the proposed subdivision be recorded in phases?

7.

<b>SUBDIVIDER(S) INFORMATION</b>			
Name:			
Mailing Address:			
City, State, Zip:			
Telephone:		Email:	

Name:			
Mailing Address:			
City, State, Zip:			
Telephone:		Email:	

8. Are there any know hazardous materials/substances located within the subdivision boundaries?