

APPLICATIONS



REQUEST FOR REVISED PARCEL OR TRACT MAP

SUBDIVISION CASE NO. _____

ENVIRONMENTAL CASE NO. _____

PROJECT LOCATION / ZONING

Property Address: _____

Existing Zone: _____

Proposed Zone: _____

Approved per Case No.: _____

Approval Date: _____

Has the property been considered at a public hearing? YES NO

If YES, list for which Case No(s): _____

Community Plan: _____

Community Plan Land Use Designation: _____

ADDITIONAL INFORMATION

If the subject Parcel or Tract Map is a unit or part of a larger Parcel or Tract Map, provide related Map No.: _____

Map Approval Date: _____

Has a Covenant and Agreement been recorded for the subject map? YES NO

If YES, attach the recorded covenant document number and note on a separate sheet which conditions will be affected.

STATEMENT OF REVISED PRELIMINARY PARCEL MAP OR TENTATIVE TRACT MAP REQUEST

CHECK ALL THAT APPLY. Provide details of all changes on a supplemental sheet.

The Revised Parcel or Tract Map will change:

- Size or shape of original Parcel or Tract Map
- Number, shape, or size on any lots
- Number or size of dwelling units
- Number, size, or location of parking spaces
- Grading
- Landscaping
- Number of Trees
- Open Space
- Solar access
- Other

Reason(s) for the request:

- The Revised Map is being submitted to satisfy a condition(s) of the Map approval. On a separate sheet, number and explain in **detail** which condition(s) are being satisfied and how the Revised Map satisfies each of these condition(s).
- The Revised Map is the Applicant's request, or per written recommendation from another department or agency, for a change of the approved Map and **does not** affect the conditions required by the Map approval. On a separate sheet, explain in **detail** what changes are proposed and why these changes should be approved.

If the change **does** affect the conditions required by the Map approval, a Modification shall be filed.

- The Revised Map is being submitted prior to the required public hearing and Advisory Agency determination and will not affect information on the hearing notice.

PROJECT TEAM INFORMATION

OWNER

Name: _____

Address: _____ Unit/Space Number: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

APPLICANT (if different from Owner)

Name: _____

Address: _____ Unit/Space Number: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

REPRESENTATIVE

Company/Firm: _____

Address: _____ Unit/Space Number: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

ENGINEER OR LICENSED SURVEYOR

Name: _____

Address: _____ Unit/Space Number: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Name: _____

Address: _____ Unit/Space Number: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

SUBMITTAL REQUIREMENTS

Request for Revised Parcel or Tract Map Application Form (CP-6977)

Complete and submit a copy of the attached Application Form

- Hard Copy
- Electronic Copy

Conditions of Approval

Provide a copy of the Conditions of Approval for the Preliminary Parcel or Tentative Tract Map and, where applicable, any subsequent Modifications, Zone Change, or Appeal

- Hard Copy
- Electronic Copy

Revised Parcel or Tract Map

- One 24" x 36" full size copy
- Four 11" x 17" reduced size copies
- Electronic copy

Filing Fees

- Filing Fee pursuant to LAMC Section 19.02