



City of Waterford
312 E Street
Waterford, CA 95386

www.cityofwaterford.org

APPLICATION
MODIFICATION OF
FINAL MAP/PARCEL MAP

Please Type or Print
FEE DEPOSIT \$1000.00

File No.	
Approved	
Department Use Only	

GENERAL INFO	LOCATION OF PROJECT (ADDRESS)	ASSESSOR'S PARCEL NUMBER(S)	ZONING
	NAME OF PROPOSED PROJECT		GENERAL PLAN DESIGNATION
	APPLICANT NAME	BUSINESS PHONE	HOME PHONE
	APPLICANT ADDRESS	CITY	STATE ZIP
	APPLICANT REPRESENTATIVE	BUSINESS PHONE	HOME PHONE
	APPLICANT REPRESENTATIVE ADDRESS	CITY	STATE ZIP
	PROPERTY OWNER NAME* (SIGNATURE REQUIRED BELOW)	BUSINESS PHONE	HOME PHONE
	PROPERTY OWNER ADDRESS	CITY	STATE ZIP

* In the case of a partnership, all general and limited partners shall be identified. In the case of a corporation, all shareholders owning 10% or more of the stock and all officers and directors shall be identified. Please use the Partnerships & Corporations form.

PROJECT INFO	PROJECT DESCRIPTION/REASON FOR THE MODIFICATION OF THE RECORDED FINAL MAP/PARCEL MAP		
	EXPLAIN IN DETAIL THE REASON FOR THE MODIFICATION. ATTACH SEPARATE SHEET IF NECESSARY.		

SIZE OF PARCEL _____ SQ FT or _____ ACRES	EXISTING USE
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SUBMITTAL INFORMATION - See staff to determine which requirements apply.

21 Copies of the recorded Final Map or 14 copies of the recorded Parcel Map.

21 Copies of proposed Modified Final Map or Certificate of Modification (prepared by a Civil Engineer or Land Surveyor).

14 Copies of proposed Modified Parcel Map or Certificate of Modification (prepared by a Civil Engineer or Land Surveyor).

Vicinity Map with North Arrow Indemnification Agreement

PROPERTY OWNER'S CONSENT - I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application. X _____

DEPT	APPLICATION	RECEIVED BY	DATE	FEE RECEIVED \$	RECEIPT NUMBER
	PUBLIC HEARING	<input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT	DATE	FEE RECEIVED \$	RECEIPT NUMBER
	ENVIRONMENTAL REVIEW	<input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT CLASS _____	DATE	FEE RECEIVED \$	RECEIPT NUMBER