CITY OF TEHACHAPI CALIFORNIA

City of Tehachapi Planning Department

Office Use Only
Permit #_____
Date Paid_____
Received by_____

LOT LINE ADJUSTMENT – PARCEL MAP WAIVER – PARCEL MERGER APPLICATION

I_____being the Owner, or Authorized Agent, of the following described property_____

do hereby make application to the City of Tehachapi for a Lot Line Adjustment/Parcel Map Waiver/Parcel Merger provided by Ordinance 90-13-575.

Applicant:

Name:_____

Mailing Address:_____

City/State/Zip: _____

Phone #: _____ Email: _____

Property Owner:

Name:_____

Mailing Address:_____

City/State/Zip: _____

Phone #: _____ Email: _____

Professional:

Name:_____

Firm:_____

Mailing Address:_____

City/State/Zip: _____

Phone #: _____ Email: _____

The following attachments are required for this application to be processed.

- Three (3) copies of a map showing the property to be subdivided. Map to be certified as to accuracy by a licensed surveyor.
- Title report (Less than 30 days old)
- Closure calculations
- Redundant Deed(s)

CERTIFICATION

By signing, the undersigned certifies that he/she has read and understood the submittal requirements outlined, and that he/she understands that omission of any listed item may cause delay in processing the application. I, the undersigned, acknowledge that the information supplied in this application is complete and accurate to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Applicant's Printed Name: _____

Title: _____