CITY OF CALIFORNIA CITY
Planning Department
21000 Hacienda Blvd.
California City, CA 93505
Phone: (760) 373-7141
planning@californiacity-ca.gov

Project No.

_____
Provided by City

APPLICATION FOR LOT MERGER

Applicant: _____

Property Address/Location: _____

Assessor Parcel Number(s): _____

Legal Description of Properties: _____

Zoning District & General Plan Designation: _____

Land Surveyor or Registered Civil Engineer preparing Lot Merger: _____

Phone Number: _____

Submittal Requirements:

Purpose of Lot Merger: _____

_____

_____

Requirements to process Lot Merger Applications:

1. (1) one electronic set of maps sent in pdf to planning@californiacity-ca.gov
2. (1) one set of maps submitted on 8.5" x 11" sheets, 1200 dpi.
3. (1) one set of maps submitted on 11" x 17" sheets, 1200 dpi.
4. (1) one aerial photo on 11" x 17" sheet identifying existing lots & proposed new lot and surrounding properties,
5. Application fees as required by Master Fee Schedule
6. This Application Form signed by Owner(s) and Representatives
7. Grant Deeds that show lot and tract numbers
8. Preliminary Title Report (not more than 60 days old)
9. Legal description of the new lot
10. A site plan of the properties indicating the following: location and boundaries of the property, dimensions of all lot lines, names and location of all bordering streets and alleys, size and dimensions of all buildings and structures, parking areas, vehicular access, location of all fences, scale, north arrow, date and any public

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utility easements. All existing lot lines to be adjusted shall be indicated as a dashed line and the new lot lines as a heavy solid line.

APPLICANT SIGNATURE

I certify that I am the authorized agent and that the information filed is true and correct to the best of my knowledge.

Applicant (Print)	Signature		Date
Address	City	Sate	Zip
Phone Number	Email Address		

PROPERTY OWNER SIGNATURE

I certify that I am the owner of record and that the information filed is true and correct to the best of my knowledge

Property Owner (Print)	Signature		Date
Address	City	Sate	Zip
Phone Number	Email Address		

FOR DEPARTMENTAL USE ONLY

Fees: *(Refer to Master Fee Schedule)*

☐ $ _____, Lot Merger Planning Fee

☐ $ _____, Engineering Fee*

☐ $ _____, Other

Application complete:

☐ Date: _____ Staff Member _____

Processing: In order to expedite this Lot Merger Application, and to eliminate unnecessary delays, Planning staff will not accept this application unless all items have been checked off, the application form has been signed and dated, and fees have been paid. In the event errors or omissions are discovered, the application will be deemed incomplete and will be returned to the applicant for revision. A Lot Merger public hearing will be scheduled for the Planning Commission when the application has been accepted as complete.

***Fees are collected based on task orders received from the Engineering Department. Expect monthly invoices based on correspondence between your engineering team and ours.**

*******In the event of errors or omissions are discovered, the application will be deemed incomplete and will be returned to the applicant for revision.********