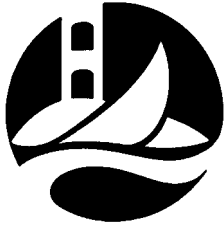


Application for **SUBDIVISION**



FOR STAFF USE ONLY	
Date:	_____
Rec. by:	_____
Amount:	_____
Receipt #:	_____

CITY OF BELVEDERE

Belvedere Planning Commission
450 San Rafael Avenue
Belvedere CA 94920

- Type of Application (check one):
- Lot Line Adjustment – Parcel Map
 - Minor Subdivision (Creates 4 or fewer lots)
 - Subdivision (Creates 5 or more lots)

Address of Property: _____

Parcel Number: _____ Zone: _____

Owner of Property: _____

Owners Address: _____

Daytime Phone: _____

Applicant (If other than owner): _____

Mailing Address: _____

Daytime Phone: _____

Project Description (attach a survey map including the proposed and current boundaries, easements, rights-of-ways, and existing structures):

PLEASE COMPLETE BOTH SIDES OF FORM

Properties Affected:

APN	Address	Parcel Size

- **If any of the proposed lots fail to comply to existing zoning or subdivision laws a variance will be required. Obtain a variance application from City Hall.**
- **Attach a legal description of each proposed lot.**

STATEMENT

I, the undersigned owner (or representative authorized by completing the following paragraph) of the property herein described, hereby make application for approval of the above noted request, and I hereby certify that the information given is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

As legal owner of record of the property described herein/above, I hereby authorize _____

_____ to file on my behalf any applications, plans, papers, data, or documents necessary to obtain approvals required to be able to complete the above described project and further authorize said person to appear on my behalf before the Planning Commission and/or City Council. This authorization expires six months from the date below.

Signature of Owner: _____ Date: _____

Signature of Representative: _____ Date: _____