



FMR/TMR/PMR \_\_\_\_\_  
 TPM/TSTM \_\_\_\_\_

**FINAL MAP APPLICATION / INSTRUCTIONS**  
**FOR TENTATIVE PARCEL MAPS**  
**AND TENTATIVE SUBDIVISION TRACT MAPS**

**PLANNING DEPARTMENT**  
 Chapter 11.15 *SUBDIVISIONS*

This final map application is required for Planning Department review for final map recommendation when a property owner has met all Conditions of Approval for a minor or major land division and is making preparations for final map recordation. Subdivision map applications are subject to the provisions of the Subdivision Map Act and California Environmental Quality Act.

The following application must be properly completed and contain all required documentation for submittal. The application must include the originally approved Tentative Map #, as well as original signatures of applicant(s), property owner(s), property owner's representative or agent, and any other party(ies) who hold record title interest in the subject real property.

**ALL FEES and application materials applicable to Planning Department approval and clearance must be received at the time of application submittal. Incomplete applications will not be processed and will be returned to the Applicant. Applicants are responsible for submitting separate required documentation to Public Works and Environmental Health.**

**FILING FEE SCHEDULE**

Revised 7/2011

APPLICATION TYPE	FLAT FEE	DEPOSIT
<b>FINAL MAP PLAN REVIEW – TSTM (TMR)</b> <i>INCLUDES REVIEW OF CONDITIONS OF APPROVAL &amp; FIRE SAFE REVIEW (2hr)</i> <b>Parks &amp; Landscape Coordinator</b> <b>GIS/GPU/ZO Maintenance Fee</b> <p align="right"><i>Total Initial Submittal \$1,375</i></p>	\$1,150.00  ----- \$120.00	-----  \$105/hour -----
<b>FINAL MAP PLAN REVIEW – TPM (PMR)</b> <b>Parks &amp; Landscape Coordinator</b> <b>GIS/GPU/ZO Maintenance Fee</b> <p align="right"><i>Total Initial Submittal \$855</i></p>	\$630.00  ----- \$120.00	-----  \$105/hour -----

**SUBMITTAL REQUIREMENTS**

**Final Map Requirements:** Final and Parcel Maps are governed by the provisions of the Subdivision Map Act. Submission requirements are included in Government Code section 66434. Additional/supplemental exhibits required to satisfy Conditions of Approval on individual maps, shall be submitted in the form of a separate document (8½ x 11") or an additional map sheet (18 x 26").

Along with the completed Final Map Application, applicant must submit the following:

1. One copy of each map sheet (18" x 26"). The plan must be drawn to scale and clearly indicate all dimensions and other pertinent information including the following:
  - a) Parent Project number (e.g. TSTM2006-0601)
  - b) Owner of record, sub-divider and engineer/surveyor

- c) Date of preparation
- d) Property Dimensions and acreage, including curve tables where applicable
- e) A scale and north arrow
- f) All streamcourses (seasonal or year-round), irrigation and reclamation ditches, levees, and all other wetland and riparian areas that will remain after development

- 2. A copy of the signed Conditions of Approval for the Approved Tentative Map.
- 3. Required compliance documentation (see Conditions of Approval), including documentation from outside agencies such as CDF, OPUD, Linda Fire, P. G. & E., School District, etc.

List items included herewith (please also make note if subsequent submittals are forthcoming):

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- 4. Per Yuba County Ordinance 11.15.661, supporting documentation to verify property values for the calculation of in-lieu Parkland Dedication fees, when required.
- 5. An Oak Tree Survey exhibit per Mitigation Monitoring Plan or Conditions of Approval, when required.
- 6. Please briefly describe the subject of this project – include project name, phase, developer, original project acreage, total acreage included in this phase, number of lots, etc:

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7. Special Instructions:

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8. Additional information that may be helpful or necessary in completing this process:

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Date Application Submitted: ___/___/___ Final TM/PM Initial Application Fee Paid: \$ _____ CEQA Filing Fees Paid: \$ _____ Date: ___/___/___ Fish & Game Fee Paid: \$ _____ Date: ___/___/___	Notes: _____ _____ _____ _____
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***In order to avoid unnecessary delays in the subsequent recordation process, it is imperative that you consult with ALL Yuba County agencies involved in this process, in order to determine if other submittal requirements, unique to your project or geographic area, are applicable.***



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**FINAL MAP APPLICATION**

**File in Person to:** *Yuba County Community Development & Services Agency  
Planning Department  
915 8<sup>th</sup> Street, Suite 123, Marysville, CA 95901  
(530) 749-5470 main \* (530) 749-5434 fax*

**NOTE: APPLICATIONS THAT ARE NOT COMPLETELY FILLED OUT AND WHICH DO NOT HAVE ALL THE REQUIRED SUBMITTALS WILL NOT BE ACCEPTED FOR FILING. STAFF'S ACCEPTANCE OF THE APPLICATION OR DEEMING THE APPLICATION COMPLETE DOES NOT IMPLY THAT STAFF WILL RECOMMEND APPROVAL \_\_\_\_\_ (INITIAL) OR THAT YOU WILL RECEIVE APPROVAL FROM THE HEARING BODY.**

**Contact Information:**

*Please check the appropriate box below.*

**BILL TO** PROPERTY OWNER APPLICANT ENGINEER OTHER: (must submit contact information)

Applicant(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City/State/Zip  
Phone: (Business) \_\_\_\_\_ (Home) \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner(s):

Applicant(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City/State/Zip  
Phone: (Business) \_\_\_\_\_ (Home) \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> Property Owner(s):

Applicant(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City/State/Zip  
Phone: (Business) \_\_\_\_\_ (Home) \_\_\_\_\_ Email: \_\_\_\_\_

Engineer/Surveyor:

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Street City/State/Zip  
Phone: \_\_\_\_\_ (Fax) \_\_\_\_\_ Email: \_\_\_\_\_

**APPLICANT'S/OWNER'S\* DECLARATION UNDER PENALTY OF PERJURY**

(Must be signed by the Applicant and the Property Owner)

*I am (we are) the owner(s) of the property that is the subject of this application and I (we) have completed this application and all other documents and maps required herein, or have permitted the person(s) identified as the Applicant on Page 1 of this application to do so on my (our) behalf. Owner and/or Applicant hereby certify that the information and statements made herein are, in all respects, true and correct to the best of my (our) knowledge and belief.*

*I (we) also declare under penalty of perjury that the foregoing is true and correct as evidenced by my (our) signature(s) below.*

**Property Owner(s):**

Print: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant(s):**

Print: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*Note: If the owner or applicant is other than an individual(s), a copy of a Resolution from the corporation or partnership agreement authorizing this application must be attached hereto.



*Community Development & Services Agency*

915 8th Street, Suite 125, Marysville, CA 95901

Phone: (530) 749-5430 Fax: (530) 749-5424

Web: http://: www.co.yuba.ca.us

**Agreement to Pay Form for Project #:** \_\_\_\_\_

**RECITALS**

The costs to provide specific project related services are billed to the applicant at an hourly rate pursuant to the Yuba County Ordinance Code Chapter 13. As listed in the fee schedule of Chapter 13, the fees for services that have an applicable hourly rate have the word "deposit" beside the fee amount. This initial deposit amount and an original completed Agreement to Pay Form must be submitted to the Community Development and Services Agency (CDSA) in order for services to begin and be assessed at the specified hourly rate. The herein fees are intended to compensate CDSA for staff time and/or consultant time spent on the applicant's project.

Any person acting on behalf of the property owner for the work referenced below shall be requested to present documentation evidencing that they are the owner's representatives. This may include Power of Attorney, a notarized statement from the property owner or a copy of a contractual arrangement.

**TERMS OF AGREEMENT**

I/We understand that Yuba County Ordinance Code Chapter 13 requires a deposit for services and CDSA will bill as services are rendered against that deposit. I/We agree to pay any required additional deposit(s) to maintain a positive deposit balance. I/We understand that all services by CDSA will cease for this project if the deposit is depleted to zero balance and a request for an additional deposit payment has not been fulfilled by the applicant within 30 days of the request. I/We further understand that until CDSA receives written notification of a change in the information provided below, I/We am/are responsible for payment for all services performed by CDSA. I/We understand that upon completion of the project any unused portion of the deposit will be returned to the applicant at the billing address on file or to any written change of address on file with CDSA.

In the event there is an outstanding balance due for the project and the request for payment is 90 days or more past due, I/We agree to allow and hereby consent to the delinquent payment amount being made by the Yuba County Board of Supervisors for placement of a lien on the property equal to the past due amount plus additional penalties as described in Yuba County Ordinance Code Chapter 13.

SITE INFORMATION	BILLING INFORMATION
APN:	Project Name:
Property Owner/Business Name:	Applicant:
Address:	Address:
Telephone:	Telephone:

*I declare under penalty of perjury under the laws of the State of California that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning CDSA Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment and failure to pay could result in a judgment or other lien being placed on the above referenced property. I further agree to advise CDSA in writing should I no longer be associated with the above referenced project/property and identify the new responsible party.*

Signature \_\_\_\_\_ Dated: \_\_\_\_\_ CDL# \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_