



EXTENSION TO APPROVED TENTATIVE MAP

Chapter 11.15 (Ordinance #705)

This application, and all necessary submittal requirements must be properly completed and have original signatures of the applicant(s) and property owner(s). **All fees and application materials must be received at the time of filing.**

FILING FEE SCHEDULE

Effective 7/2011

APPLICATION TYPE	FLAT FEE	DEPOSIT
Extension to Approved Tentative Parcel Map (If Applicable)		
Planning Fee	\$180.00	----
GIS/GPU/ZO Maintenance Fee	\$120.00	----
Fire Safe Planning Fee	\$52.00	----
Public Works Fee	\$105.00	----
Environmental Health Fee	----	\$131/hr
<i>Total Initial Submittal \$588</i>		

APPLICATION TYPE	FLAT FEE	DEPOSIT
Extension to Approved Tentative Subdivision Tract Map (If Applicable)		
Planning Fee	\$180.00	----
GIS/GPU/ZO Maintenance Fee	\$120.00	----
Fire Safe Planning Fees	\$105.00	----
Public Works Fee	\$105.00	----
Environmental Health Fee	----	\$131/hr
<i>Total Initial Submittal \$641</i>		

SUBMITTAL REQUIREMENTS

1. **Map Requirements:** One (1) reduced copy of the approved tentative map sheets, either 8.5" x 11" or 11" x 17".
2. A copy of the signed Conditions of Approval for the Approved Tentative Map
3. Copy of map extension worksheet signed by County Surveyor (designee)

File in Person to:	County of Yuba Community Development & Services Agency – Planning Department 915 8th Street, Suite 123, Marysville, CA 95901 (530) 749-5470 main (530) 749-5434 fax
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NOTE:

APPLICATIONS THAT ARE NOT COMPLETELY FILLED OUT AND WHICH DO NOT HAVE ALL THE REQUIRED SUBMITTALS WILL NOT BE ACCEPTED FOR FILING. UNLESS THERE ARE EXTENUATING CIRCUMSTANCES, MAP EXTENSION APPLICATIONS WILL NOT BE ACCEPTED FOR TENTATIVE MAPS THAT WILL NOT BE EXPIRING WITHIN SIX (6) MONTHS OF DATE OF MAP EXTENSION SUBMITTAL. 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.

1. Applicant/Owner 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) _____ (Fax) _____

Email: _____

Property Owner(s):

Name: _____

Address: _____

Street

City/State/Zip

Phone: (Business) _____ (Fax) _____

Email: _____

2. Engineer/Surveyor Information:

Name: _____

Contact: _____

Address: _____

Street

City/State/Zip

Phone: _____ (Fax) _____

Email: _____

3. Address and Location of Project Site: _____

4. Assessor's Parcel Number(s): _____

5. Reason why a map extension is necessary, and how close the project is to recordation:

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):

Signed: _____ Signed: _____

Date: _____ Date: _____

Applicant(s):

Signed: _____ Signed: _____

Date: _____ 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.

TO BE COMPLETED BY THE PLANNING DIVISION

Date Filed: _____ By: _____

TSTM Fee Paid: _____ EA Fee Paid: _____

Receipt Number: _____

Notes: _____



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 # _____

DATE	
PROJECT NAME(S)	
PROJECT NUMBER(S)	

**EXPIRATION DATE
PARCEL MAP WORKSHEET**



To Be Completed By Public Works Department Prior to Submitting Map Extension

Project Originally Approved On	_____
Original Expiration Date	_____
1 Year Map Extension Approved on _____ (ME _____) (For TPM's Upon Application, 1 Year Extensions Up to a Total of 2 Years Possible)	_____
1 Year Map Extension Approved on _____ (ME _____)	_____
PLSP/NASA Area Projects - Moratorium Period _____ Days (Levee Moratorium Between 2/22/05 thru 5/14/07 (811 Days))	_____
SB1185 Extends Active Maps 1 Year if Map Expires Prior to 1-1-11 (SMA 66452.21) Effective 7-15-08	_____
Ordinance 1460 - Extended Active Maps 1 Year Effective 9-19-08 (12 months is added to original expiration date if approved after effective date of Ord. 1460)	_____
Assembly Bill 333 - Extends Active Maps 2 Years if Map Expires Prior to 1-1-12 (SMA 66452.22) Effective 7-15-09	_____
Assembly Bill 208 - Extends Active Maps 2 Years if Map Expires Prior to 1-1-14 (SMA 66452.23) Effective 7-15-11	_____
Amended Expiration Date	_____

By: _____
Jeff Olsen, Assistant Surveyor



**EXPIRATION DATE TRACT
MAP WORKSHEET**

DATE	
PROJECT NAME(S)	
PROJECT NUMBER(S)	
PARENT PROJECT #	

To Be Completed By Public Works Department Prior to Submitting Map Extension

Project Originally Approved On _____	_____
Original Expiration Date _____	_____
1 Year Map Extension Approved on _____ (ME _____) <small>(For TSTM's Upon Application, 1-2 Year Extensions Up to a Total of 5 Years Possible)</small>	_____
1 Year Map Extension Approved on _____ (ME _____)	_____
1 Year Map Extension Approved on _____ (ME _____)	_____
Final Map for _____, TM _____ Filed On _____, 3 Year Extension <small>(With Qualifying offsite improvements) These Extensions Cannot Exceed 10 Years From Original Approval Date - Not Counting Other Extensions</small>	_____
Final Map for _____, TM _____ Filed On _____, 3 Year Extension	_____
Final Map for _____, TM _____ Filed On _____, 1-2 Year Extension <small>1 Year for Projects Approved After 9/18/08 2 Years for Projects Approved Prior to 9/18/08 These Extensions Cannot Exceed 10 Years from Original Approval Date - Excluding Extensions</small>	_____
PLSP/NASA Area Projects - Moratorium Period _____ Days <small>(Levee Moratorium Between 2/22/05 thru 5/14/07 (811 Days))</small>	_____
SB1185 Extends Active Maps 1 Year if Map Expires Prior to 1-1-11 <small>(SMA 66452.21) Effective 7-15-08</small>	_____
Ordinance 1460 - Extended Active Maps 1 Year Effective 9-19-08 <small>(12 months is added to original expiration date if approved after effective date of Ord. 1460)</small>	_____
Assembly Bill 333 - Extends Active Maps 2 Years if Map Expires Prior to 1-1-12 <small>(SMA 66452.22) Effective 7-15-09</small>	_____
Assembly Bill 208 - Extends Active Maps 2 Years if Map Expires Prior to 1-1-14 <small>(SMA 66452.23) Effective 7-15-11</small>	_____
Amended Expiration Date	_____

By: _____
Jeff Olsen, Assistant Surveyor