



City of BELL GARDENS

7100 Garfield Avenue • Bell Gardens, California 90201 • 562.806.7700 • Fax 562.806.7720 • www.bellgardens.org

TENTATIVE PARCEL MAP/TRACT MAP APPLICATION Planning Department

Permit Fee:

Tentative Parcel Map \$500 Plus City Engineer fees

Tentative Tract Map \$500 plus City Engineer fees

PROJECT ADDRESS OR GENERAL LOCATION

Dirección del proyecto

FILE NO.

APPLICANT/APPLICANT'S REPRESENTATIVE

Nombre del solicitante o representante

DATE REC'D

MAILING ADDRESS *Dirección*

REC'D BY

CITY/STATE/ZIP CODE *Ciudad/Estado/zona Postal*

TELEPHONE *Teléfono*

PROPERTY OWNER *Nombre del propietario*

OWNER MAILING ADDRESS *Dirección del propietario*

CITY/STATE/ZIP CODE *Ciudad/Estado/Zona Postal*

OWNER TELEPHONE NUMBER *Teléfono del propietario*

NAME OF ENGINEER OR SURVEYOR

Nombre del ingeniero

ENGINEER'S MAILING ADDRESS

Dirección del ingeniero

CITY/STATE/ZIP CODE *Ciudad/Estado/Zona Postal*

ENGINEER'S TELEPHONE NUMBER *Teléfono del ingeniero*

Office Use Only

PAID (TPM) _____

PAID (TTM) _____

1. INDICATE PURPOSE OF APPLICATION:

_____ Parcel Map

_____ Tract Map

2. CURRENT ZONING & LAND USE OF THE SUBJECT SITE

3. NUMBER OF LOTS BEING CREATED

4. TYPE OF PROJECT PROPOSED IN CONJUNCTION WITH THE APPROVAL OF THE MAP

5. WATER DISTRICT

AFFIDAVIT

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES) SS
CITY OF BELL GARDENS)

I, _____, being duly sworn, depose and say that I am the applicant in the foregoing application, that I have read the foregoing application and know the content thereof and state that the same is true and correct to the best of my knowledge. Furthermore, all information and data submitted to the City of Bell Gardens in support of my application is true and correct to the best of my knowledge.

APPLICANT (SIGNATURE)

ADDRESS

CITY/STATE/ZIP

PHONE

I, _____, the owner (if other than the applicant) of the real property involved in this application, do hereby consent to the filing of this application.

OWNER (SIGNATURE)

ADDRESS

CITY/STATE/ZIP

PHONE

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public
County of Los Angeles
State of California

**FILING PROCEDURE
TENTATIVE PARCEL MAP/TRACT MAP**

GENERAL INFORMATION

1. Map size showing design of proposed division of land shall be 18" x 36". Tentative tract maps may be 24" x 36".
2. Maps must be prepared by a Registered Civil Engineer or Licensed Surveyor.
3. Tract or parcel numbers may be obtained from the County Engineer, 900 S. Fremont Avenue, Los Angeles (818) 458-4930.

MANDATORY CONTENTS OF MAPS

1. North arrow; scale of map; names and addresses of developer, person who prepared the map, and owners of record; date of preparation.
2. Boundary of parcel with heavy line.
3. Legal description of parcel obtained from Title Report.
4. Vicinity map.
5. Existing zone and proposed zone.
6. Total area of parcel, including areas of individual lots or parcels in acreage or square feet.
7. Each lot or parcel numbered and conforming to or exceeding minimum requirement of the zoning regulations.
8. Location and identity of existing easements with name of holder and recording information and location of proposed easements.
9. Dimensions and bearing with precision compatible with data from which map is prepared, centerlines, dimensions and names of streets.
10. The location and identity of adjoining tracts, other maps of public record, streets and other public right-of-way.
11. Location and identity of any structures or obstructions within the proposed land division and any significant topographical features inside the boundary or within 200 feet of the boundary, including water and drainage courses, railroads and the like.
12. Layout of proposed streets, alleys and other areas offered for dedication to public use. Streets and alleys shown with approximate grade and a general drainage plan.
13. Approximate 5' contour lines to indicate terrain and drainage pattern of the area.
14. Location, size and approximate grades for proposed sewers and drains, and existing sewer and drain locations.

15. Lots or parcels having the smallest frontage and/or area shall be noted and frontage and/or area shown.

Note: Items 12-15 may be omitted for parcel maps if not applicable.

APPLICATION REQUIREMENTS

In order to complete your application for City review, please include the following information:

- _____ 1. Application completed, signed and notarized.
- _____ 2. Completed Notice of Intent (preliminary environmental review form).
- _____ 3. Number of plans required:
 - a. Thirty (30) copies of the Tentative Parcel Map; thirty (30) copies of the Tentative Tract Map
 - b. One (1) reproducible positive (full size)
 - c. One (1) 8 ½" x 11" reduced copy (black & white)

Maps must also be submitted on a CD.

- _____ 4. Necessary application fees (subdivision and environmental)
- _____ 5. Three (3) copies of a current preliminary title report for the parcel of land to be subdivided [this must be obtained from a title company and dated no earlier than sixty (60) days prior to filing this application]
- _____ 6. Radius map indicating properties within 500 feet of the subject property. The radius must be drawn from all four corners of exterior boundaries of the subject site with the names and addresses of all property owners located within 500 feet. The radius map must include all names of streets and block numbers. Applicant must submit an 8 1/2" by 11" copy of the radius map. The map must be also submitted on a CD. The applicant must submit two sets of labels and a copy of the property ownership list. The labels must be consecutively numbered and these numbers must correspond to the numbers on the property ownership list. The applicant must submit a notarized affidavit signed by the person who prepared the radius map and labels. The names and addresses may be obtained from:
 - a. Los Angeles Tax Assessors Offices
Los Angeles Office; Hall of Administration
500 West Temple Street, Room 291
Los Angeles, CA 90012
(213) 974-3363
8:00 A.M. – 4:00 P.M., M-F
 - b. A Licensed Mapping Company
 - c. The City of Bell Gardens for a fee of \$302

_____ 7. A copy of the soils report or geological problems as determined by the City Engineer.

Projects will be subject to a preliminary review by the Community Development and Engineering Departments prior to a formal submittal. Upon completion, the applicant must file all required documents to the Community Development Department sixty (60) days prior to the Planning Commission meeting.

Questions may be addressed to the Community Development Department at Bell Gardens City Hall, 7100 Garfield Avenue, Bell Gardens; (562) 806-7700, extension 724, Monday through Thursday from 7:30 A.M. to 6:00 P.M.

INCOMPLETE APPLICATION PACKAGES WILL NOT BE ACCEPTED

SAMPLE AFFIDAVIT

CERTIFIED PROPERTY OWNERS LIST

STATE OF CALIFORNIA)
CITY OF BELL GARDENS) SS
COUNTY OF LOS ANGELES)

I, _____, hereby certify that the attached list contains the names and addresses of all persons to whom all property is assessed as they appear on the latest available assessment roll of the County of Los Angeles within the area described in the attached application and for a distance of five hundred (500) feet from the exterior boundaries of property legally described on the attached application.

DATE

NAME

Subscribed and sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

SAMPLE PROPERTY OWNERS LIST

(1)
6227-026-900
Name
Address
City, State, Zip

(2)
6227-026-900
Name
Address
City, State, Zip

(3)
6227-026-900
Name
Address
City, State, Zip

(4)
6227-026-900
Name
Address
City, State, Zip

(5)
6227-026-900
Name
Address
City, State, Zip

(10)
6227-026-900
Name
Address
City, State, Zip

(11)
6227-026-900
Name
Address
City, State, Zip

(6)
6227-026-900
Name
Address
City, State, Zip

(7)
6227-026-900
Name
Address
City, State, Zip

(8)
6227-026-900
Name
Address
City, State, Zip

(8)
6227-026-900
Name
Address
City, State, Zip

(9)
6227-026-900
Name
Address
City, State, Zip

(12)
6227-026-900
Name
Address
City, State, Zip

(13)
6227-026-900
Name
Address
City, State, Zip

SAMPLE VICINITY MAP

