RECOMMENDED ACTION AND JUSTIFICATION:
Adopt this resolution:
1) Approving the FINAL MAP of ACUERDO CON DIOS, UNIT II.
2) Accepting on behalf of the public the dedications of public utility easements as shown on said map.
3) Authorizing the Clerk of the County Board of Supervisors to sign the map.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
State Law and County Code require approval of final maps by the County Board of Supervisors.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
1) State Law requires that the County Board of Supervisors approve the map if it conforms to the approved tentative map. The Final Map of Acuerdo Con Dios Unit II conforms to the tentative map approved by the Mariposa County Planning Commission on Sept. 29, 1986.
2) The Board could reject the public utility easements, however, this is not recommended because there are already utilities within these easements. Water and sewer lines were installed within these easements during the construction of Acuerdo Con Dios Unit I and these easements will be necessary for the maintenance of these lines, by M.P.U.D., when the construction has been completed on Unit II.

COSTS: ( ) Not Applicable
A. Budgeted current FY $_____
B. Total anticipated costs $_____
C. Required Add'l funding $_____
D. Source:_______________________

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:
FINAL MAP OF ACUERDO CON DIOS-
UNIT II__ (2 pages)_____________________

SOURCE: ( ) 4/5ths Vote Required
A. Internal transfers $_____
B. Unanticipated revenues $_____
C. Reserve for contingency $_____
D. Description:_____________________
      Balance in Reserve for Contingencies,
If Approved:$_____________________

CLERK'S USE ONLY:
Res. No.: 90-261
Ord. No.: 
Vote - Ayes: 5  Noes: 
Absent: ______  Abstained: 
Approved ( ) Denied ( )
Minute Order Attached

The foregoing instrument is a correct copy of the original on file in this office.
Date: __________________________

ATTEST: MARGIE WILLIAMS
Clerk of the Board of Supervisors
County of Mariposa, State of CA.
By: _______________________
   Deputy

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:
  ☑ Recommended
  ___ Not Recommended
  ___ For Policy Determination
  ___ Submitted with Comment
  ___ Return for Further Action

Comment: _______________________

A.O. Initials: __________________