



REVISED (AMENDED) MAP APPLICATION
Mariposa County Planning Department
5100 Bullion Street, P.O. Box 2039, Mariposa, CA 95338
Telephone (209) 966-5151 FAX (209) 742-5024
www.mariposacounty.org planningdept@mariposacounty.org

FOR OFFICE USE ONLY

Date Submitted _____ Received By _____
Fees Paid \$ _____ Receipt No. _____ Received By _____
Application No. _____ Application Complete _____
Final Action _____ Date _____

Applicant _____

Address _____
Physical Address Mailing Address State Zip Code

Telephone (_____) _____ E-Mail _____

Agent _____

Address _____
Physical Address Mailing Address State Zip Code

Telephone (_____) _____ E-Mail _____

Original Land Division or Major Subdivision # _____

The revision to the tentative map is submitted for the following reason or purpose:

(Use attachment if needed.)

The revised map would create _____ parcels, of the following sizes:

Parcel 1 _____ Parcel 2 _____ Parcel 3 _____
Parcel 4 _____ Parcel 5 _____ Remainder _____

I declare under penalty of perjury that I am the owner, attorney of the owner, or person with power of attorney from the owner, of the property involved in this application, and the foregoing is true and correct.

Executed at _____, _____, this _____ day of _____, 20____
City/County State Month Year

Authorized Signature

Applicant Beware: Submittal of a revised map may require further environmental review and additional fees to be paid. Submittal of a revised map also eliminates any previously approved tentative maps on the land.

REQUIRED MATERIALS AND ITEMS FOR A COMPLETE REVISED (AMENDED) TENTATIVE OR TRACT MAP APPLICATION

1. The attached application form filled out completely and signed by the applicant. If the applicant is not the property owner, the applicant must provide a letter of authorization or other document that authorizes the applicant to submit an application on the owner's behalf. If there is more than one property owner, the applicant shall list the names and addresses of all other individuals who have an interest in the property.

2. Payment of application fees as determined by Mariposa Planning. Deposit fees are for applications that are to be charged time and materials and are estimated using the staff hour charge of \$116 per hour. All additional staff time and expenses needed to complete the application processing that exceed the deposit amount will be charged at the disclosed rate at the time that services are rendered. On average, invoices will be calculated on a quarterly basis and forwarded to the applicant for payment. If the deposit falls below a balance of 20% of the initial deposit, the applicant will be asked to make a subsequent deposit in an amount estimated to be necessary to complete the processing. Applicants will be expected to pay the subsequent deposit within 30 days of the invoice date or prior to the public hearing, whichever comes first. In the event that the billing is not paid timely, processing will be suspended until payment is made. Any remaining balance will be used to reconcile the final bill. If there is a balance remaining after reconciling the final bill, a refund check will be mailed to the applicant. If the application requires a public hearing, the public hearing will not be scheduled until payment in full is received. It should be noted that the fees do not include consultant fees, specialized studies, CEQA charges, publication fees and any additional fees that maybe charged by other agencies or county offices.

Deposit required for (check which apply) Revised (Amended)		
<input type="checkbox"/>	Tentative Map (Minor Subdivision outside Mariposa TPA) Deposit	\$2,298.00
<input type="checkbox"/>	Tentative Map (Minor Subdivision inside Mariposa TPA) Deposit	\$1,801.00
<input type="checkbox"/>	Tract Map (Major Subdivision) Deposit	\$2,494.00
Document Conversion		\$62.00
Public Noticing, Posted		\$58.00
Public Noticing, Affected Property Owners		\$58.00
Agency Review Fees:		
<input type="checkbox"/>	Public Works	\$203.00
<input type="checkbox"/>	County Fire	\$100.00
<input type="checkbox"/>	Health Department *(Health fees are based on 1 hour. Any additional time will be billed directly from Health to the applicant)	\$176.00
Total:		

3. See Land Division Application for map requirements.

REQUIRED SIGNATURE(S)

Affidavit

I/we, the undersigned (Property Owner and Applicant), agree to defend, indemnify, and hold harmless the County and its agents, officers and employees from any claim, action or proceeding against the County arising from the Property Owner and Applicant project.

I/we declare under the penalty of perjury that the statements and information submitted in this application are in all respects true and correct to the best of my/our knowledge.

I/we acknowledge that I/we have read and understand the information contained in the application package relating to the submittal and processing of this application.

I/we understand that the processing of the application will be delayed if any required information is incorrect, omitted, or illegible.

I/we declare that if an entity listed below is a Partnership, Limited Liability Corporation, Corporation or Trust the signer(s) below certifies that he/she is authorized by that entity to apply and sign the application attached herewithin.

<u>Property Owner (printed name):</u>	<u>2nd Property Owner (printed name):</u>	<u>Applicant (printed name):</u>
<u>Property Owner (signature):</u>	<u>2nd Property Owner (signature):</u>	<u>Applicant (signature):</u>
Date:	Date:	Date:

If there are more than two property owners, additional copies of this page shall be provided.

IMPORTANT: This page must be signed by all property owners and any authorized applicant.

IMPORTANT: Please note that if the property owner/s is/are authorizing someone other than themselves to act as the applicant or agent, the next page must also be signed.

IMPORTANT: Failure to have all necessary signatures will DELAY the commencement of processing the application. The application will be returned to the applicant to provide all necessary signatures.

This page to be signed IF the property owner(s) is (are) authorizing someone to act as an agent or applicant for this application.

Affidavit

Applicant/Agent Authorization:

I/we, _____, _____, _____ Property Owner(s) hereby authorize _____ to act as a representative/Applicant and/or _____ to act as a representative/Agent in all matters pertaining to the processing and approval of this application, including modifying the project, and agree to be bound by all representations and agreements made by the designated Applicant and/or Agent.

I/we declare that if the Property Owner and/or Applicant is a Partnership, Limited Liability Corporation, Corporation or Trust, the individual(s) listed below certifies that he/she/they is/are authorized by that entity to execute the application form attached herewithin.

<u>Property Owner</u> <i>(printed name):</i>	<u>Applicant</u> <i>(printed name):</i>	<u>Agent</u> <i>(printed name):</i>
<u>Property Owner</u> <i>(signature):</i>	<u>Applicant</u> <i>(signature):</i>	<u>Agent</u> <i>(capacity/title):</i>
<u>Property Owner</u> <i>(capacity/title):</i>	<u>Applicant</u> <i>(capacity/title):</i>	
Date:	Date:	
<u>2nd Property Owner</u> <i>(printed name):</i>	<u>Co-Applicant</u> <i>(printed name):</i>	
<u>2nd Property Owner</u> <i>(signature):</i>	<u>Co-Applicant</u> <i>(signature):</i>	
Date:	Date:	