



**TENTATIVE PARCEL MAP/TRACT MAP APPLICATION**

CITY OF BELL GARDENS PLANNING DEPARTMENT  
7100 S GARFIELD AVENUE, BELL GARDENS, CA 90201  
(562) 806-7700 (562) 806-7720 FAX

\_\_\_\_\_  
**APPLICANT/APPLICANT'S REPRESENTATIVE**

*Nombre del solicitante o representante*

\_\_\_\_\_  
**APP #**

\_\_\_\_\_  
**MAILING ADDRESS** *Dirección*

\_\_\_\_\_  
**DATE REC'D**

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

\_\_\_\_\_  
**REC'D**

\_\_\_\_\_  
**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*

**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. Twenty (20) copies of the Tentative Parcel Map; twenty (20) copies of the Tentative Tract Map
  - b. One (1) reproducible positive (full size)
  - c. One (1) 8 ½" x 11" reduced copy
- \_\_\_\_\_ 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 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 265  
Los Angeles CA 90012  
(213) 974-3363  
8:00 A.M. – 4:00 P.M., M-F

- b. South El Monte Office  
1441 Santa Anita Avenue  
South El Monte CA  
(818) 350-4694  
8:00 A.M. – 5:00 P.M., M-F
  
- c. Long Beach Office  
5898 Cherry Avenue  
Long Beach CA  
(562) 984-5111

Note: If soils report or geological problems are anticipated, please submit a copy of a soils/geological report to the City Engineer.

All required documents must be filed with the Planning Department at least thirty (30) days prior to the Planning Commission meeting.

Questions and/or further information may be addressed to the Planning Department at Bell Gardens City Hall, 7100 Garfield Avenue, Bell Gardens; (562) 806-7700 during business hours, Monday – Thursday, 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**

6227-026-900  
Name  
Address  
City, State, Zip

6227-026-900  
Name  
Address  
City, State, Zip

6227-026-900  
Name  
Address  
City, State, Zip

6227-026-900  
Name  
Address  
City, State, Zip

6227-026-900  
Name  
Address  
City, State, Zip

6227-026-900  
Name  
Address  
City, State, Zip

6227-026-900  
Name  
Address  
City, State, Zip

6227-026-900  
Name  
Address  
City, State, Zip

6227-026-900  
Name  
Address  
City, State, Zip

6227-026-900  
Name  
Address  
City, State, Zip

6227-026-900  
Name  
Address  
City, State, Zip

6227-026-900  
Name  
Address  
City, State, Zip

6227-026-900  
Name  
Address  
City, State, Zip

6227-026-900  
Name  
Address  
City, State, Zip

**SAMPLE VICINITY MAP**

