The undersigned, being the owner or agents, of the property described herein, hereby make application for your examination and approval of the tentative map and the following statements presented herewith for a subdivision as required by Ordinance 67-19 and its amendments being the Subdivision Ordinance of Contra Costa County, State of California.

<table>
<thead>
<tr>
<th>SUBDIVISION NUMBER ____________________________</th>
</tr>
</thead>
</table>

**GENERAL STATEMENT**

1. Name of Subdivision ____________________________

2. Existing use property ____________________________

3. Existing zoning of property ____________________________

4. Proposed use of property and the respective approximate proportion of the total area of property represented by each ____________________________

5. Source of water supply. If the source is not a public utility, give source, quality and approximate quantity ____________________________

6. Method of sewage disposal proposed ____________________________

7. Other improvements proposed ____________________________

8. Time at which improvements are proposed to be installed ____________________________

9. Description and location of existing community facilities, including schools shopping centers, parks, playgrounds, churches, public transportation lines and depots ____________________________
10. Description of proposed subdivision including number of lots, average and minimum size of lots, kind of development, and total acreage of development

____________________________________________________________________________________

____________________________________________________________________________________

11. If the subdivider or his agent does not submit the improvement plans for this subdivision at this time, he does hereby expressly consent to an indefinite extension of the time limit for acting and reporting on the tentative maps, as specified in Article 5, Chapter 2, Part 2, Division 4, of the Business and Professions Code of the State of California. Signed by owner agent.

APPLICANT

Name __________________________________________
Address ________________________________________
City, State _______________________________________
Phone _________________________________________

Applicant’s Signature

FOR OFFICE USE ONLY

X-Ref. __________________________________________
Parcel Number ________________________________
Census Tract _________________________________
Area _________________________________________
Received By _________________________________

OWNER

Name __________________________________________
Address ________________________________________
City, State _______________________________________
Phone _________________________________________

Owner’s Signature

ATLAS PAGE NO. _____________________________
RECEIPT NO. _______________________________
DATE ISSUED ______________________________
FEE PAID ___________________________________

TO ALL PERSONS FILING FOR APPLICATIONS REQUIRING PUBLIC HEARING REVIEW:

The following ☐ APPLIES ☐ DOES NOT APPLY

Please submit a list of names, addresses and assessor’s parcel numbers for all properties within 300 feet of your property. Also supply 2 sets of legal sized stamped envelopes addressed to each individual property owner but do not include a return address.

The required parcel numbers can be determined from the parcel maps available in the Assessor’s Office at (415) 646-2252.

The list of corresponding property owners can also be obtained from the Assessor’s Office at 834 Court Street, Martinez, California.