

PROJECT NAME: _____

Processing Fee: \$2,793.00



Date Filed: _____

Received By: _____

**CITY OF EL CENTRO
COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING & ZONING DIVISION
APPLICATION FOR TENTATIVE SUBDIVISION MAP**

Application is hereby made to the City of El Centro, County of Imperial, State of California, for the filing of a **tentative subdivision map** as set forth under Article III of the Subdivision Ordinance, Chapter 24 of the City Code of the City of El Centro, California, as amended.

APPLICANT:

Name _____ Telephone No. (_____) _____

Mailing Address _____

Email Address _____

Name of Property Owner(s) (if different from above) _____

Mailing Address _____

_____ Telephone No. (_____) _____

Financial Institution/Bank, providing funding for the project (if known) _____

Mailing Address _____ Telephone No. (_____) _____

Applicant is the: (check one)

- Owner
- Purchaser under contract (provide proof)
- *Lessee, acting with written approval of the Owner (five (5) year minimum).
- *Agent, acting with written approval of the Owner of the property described hereinbelow.
- Other _____

*Submit written approval with application.

