



Certificate of Compliance – Application

Office Use		
Application No.	Date Filed:	Planner:
Application Fees Paid:	Receipt:	

Type of Application: Property Status Determination Merger

PROPERTY		
Briefly summarize the purpose:		
Address	City	Zip
Assessor's Parcel Number(s)		
Zoning District	General Plan Designation	

CONTACT INFORMATION			
Applicant			Buyer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	Zip
Phone	Email		
Property Owner			
Address	City	State	Zip
Phone	Email		
Engineer / Land Surveyor			
Address	City	State	Zip
Phone	Email		
Title Company / Escrow Officer			
Address	City	State	Zip
Phone	Email		

FEE DISCLOSURE

Application Fees: Reference the [Planning Services Division Fee Schedule](#) for appropriate filing fees required as part of a complete application submittal. Insufficient filing fees may prevent the acceptance of an application. **By filing this application, the applicant acknowledges that the hourly billing rate of staff time may be charged if the project exceeds the number of hours included in the application fee. You will be notified if the project is approaching this threshold.**

CERTIFICATION

Owner and Applicant must sign below certifying that all information is to the best of his/her knowledge true and correct. Additionally, the undersigned does hereby authorize representatives of the County to enter the above-mentioned property for inspection purposes as may be necessary to process this application.

I hereby certify that the statements furnished above, along with the application submittal documents present the data and information required for project review to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

SIGNATURES	
Applicant	Date
Printed Name	
Property Owner	Date
Printed Name	
Additional Contact	Date
Printed Name	
Additional Contact	Date
Printed Name	