

CITY OF POMONA LOT MERGER PROCEDURE

The following documents are required before the plan check or processing fees can be received and the submittal and recordation procedures can be implemented.

- 1. A letter explaining the need for a Lot Merger. Include your name, address, telephone, fax number of applicant and the present owner(s); e-copy is acceptable.
- 2. Plan check and processing fee. (The cost is \$1,117.00 for a two-parcel lot merger plus \$142.00 for each additional parcel plus \$3.91 processing fees). Additional LA County Recordation fee shall be assessed based on the number of pages that make the lot merger packet.
- 3. One (1) e-copy of the current Grant Deed and (no older than 90 days) Title Report to show proof of ownership and easements. The City reserves the right to request additional information if necessary, based on the City Surveyor's review and findings.
- 4. One (1) e-copy of a [8-1/2" x 11"] map labeled "Exhibit B"; land surveyor stamp and signature are required.
- 5. One (1) e-copy of a legal description of the merged lots labeled "Exhibit A"; land surveyor stamp and signature are required.
- 6. If it was reviewed by the Planning Commission, one (1) e-copy of the resolution prior to this submittal.
- 7. Completely fill out the attached Submittal Information Sheet.
- 8. One (1) e-copy of the current Tax Assessors map.

NOTE: A Lot Merger submittal, any plan check or processing fees cannot be received or receipted until ALL of the above documents and information have been submitted.

For inquiries regarding the Lot Merger submittal, call 909/620-2281.

SUBMITTAL INFORMATION SHEET

PLEASE FILL IN THIS INFORMATION SO WE MAY QUICKLY REFERENCE YOUR PROJECT.

LOCATION OF PROJECT: _____

APPLICANT

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

CONTACT PERSON: _____

PHONE: () _____

FAX: () _____

OWNER

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

CONTACT PERSON: _____

PHONE: () _____

FAX: () _____

ENGINEER/CONSULTANT

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

CONTACT PERSON: _____

PHONE: () _____

FAX: () _____

APN NO: _____

TRACT MAP, PARCEL MAP, LOT LINE ADJUSTMENT, LOT MERGER NO: _____

GRANT DEED NO: _____

DATE FILED: _____

PLANNING RESOLUTION NO: _____

DATE: _____

CITY ATLAS MAP NO: _____