

CITY OF POMONA - PUBLIC WORKS DEPARTMENT

SUBMITTAL PROCEDURE

FOR TRACT/PARCEL MAP

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

- ☐ 1. One (1) e-copy of the conditions of approval (Planning Commission Resolutions for the map and CUP, if applicable)
- ☐ 2. One (1) e-copy of the Tract/Parcel Map
- ☐ 3. One (1) e-copy of the traverse closures
- ☐ 4. One (1) e-copy of the Preliminary Subdivision Report
- ☐ 5. One (1) e-copy of the easement(s) and deed(s) pertinent to the map
- ☐ 6. One (1) e-copy of an adjacent recorded subdivision map
- ☐ 7. One (1) e-copy of the approved Tentative Tract/Parcel Map
- ☐ 8. One (1) e-copy of the Los Angeles County Tax Assessor Maps with property outlined in red
- ☐ 9. One (1) e-copy of Completed Submittal Information Sheet

NOTE: Neither a Tract/Parcel Map submittal, nor a payment for plan checking fees can be received or receipted until ALL of the above documents and information have been submitted.

For inquiries regarding the Tract/Parcel Map submittal and recordation procedures, call 909/620-2285.

PLAN CHECK FEE - TRACT MAP: \$5,094.00, plus \$142.00 per lot, plus \$3.91 processing fee; payment is required at the time of the 1st submittal.

PLAN CHECK FEE - PARCEL MAP: \$4,526.00, plus \$142.00 per lot, plus \$3.91 processing fee; payment is required at the time of the 1st submittal.

Public Works Department/Engineering Division

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: _____