

VINCE NICOLETTI DIRECTOR

PLANNING & DEVELOPMENT SERVICES
5510 OVERLAND AVENUE, SUITE 210, SAN DIEGO, CA 92123
(858) 505-6445 General • (858) 694-2705 Codes
(858) 565-5920 Building Services
www.SDCPDS.org

TYLER FARMER ASSISTANT DIRECTOR

APPLICATION FOR MAP MODIFICATION

Project No. Pr	M/FM (TPM/	/TM)
APPLICA	NT – Please complete th	ne following:
Applicant Name		Phone ()
(Last, First, Middle Initial or Firm I	Name)
Applicant Address		
City	State	Zip
Tax I.D. or Social Sec	curity No	
Engineer Name	Lock Firek Middle Teikiel en Fires I	Phone () Name)
Engineer Address		
City	State	Zip
Owner Name		Phone ()
(Last, First, Middle Initial or Firm I	Name)
Owner Address		
City	State	Zip
	curity No	

Section 66472.1 of the Subdivision Map Act requires that the following four findings be made by the County prior to approval of a map modification. Please explain your reasoning as to how the required findings can be made for your proposed map modification after each finding listed below.
Finding No. 1: There are <u>changes in circumstances</u> , subsequent to the recording of the map, which make any or all of the conditions of such map no longer appropriate or necessary. (Explanation):
Finding No. 2: That the modifications do not impose any additional burden on the present fee owner(s) of the property. (Explanation):
Finding No. 3: That the modifications do not alter any right, title, or interest in the real property reflected on the recorded map. (Explanation):
Finding No. 4: That the map as modified conforms to the provisions of Section 66474 of the Subdivision Map Act. (Explanation):

The first phase of the Map Modification process is to determine if the County can make and substantiate the above findings.

The following material is presented to the Department of Planning and Development Services, Land Development Counter:

- A. The original and 3 copies of Planning and Development Services (PDS) "Application for Map Modification";
- B. The original and 3 copies of Department of Planning and Land Use (DPLU) Form 346 "Discretionary Project Application" (copy front page only);
- C. The original and 3 copies of a letter to PDS outlining the problem and the modification desired:
- D. 4 copies of a map showing the proposed modifications to the Recorded Final or Parcel Map;
- E. A current Preliminary Title Report for the entire area divided by the Subdivision Map or Parcel Map;

A check to County of San Diego, for an initial deposit for PDS services that includes \$7,542 (minor subdivision Condition Review Deposit) or \$8,120 (major subdivision Condition Review Deposit) and \$904 (CEQA review).

A check payable to County of San Diego **\$1,215**, payable to County of San Diego, as a fee for the Department of Environmental Health (required if project is served by septic).

I understand that if the findings can be made, the second phase may begin. I will be notified by letter regarding the procedure and how much additional deposit is needed to continue the project. No further work will be performed until the necessary deposit is received by Land Development.

Signature of Owner(s) of all Lots/Parcels	Date
or Authorized Agent(s)	