



RIVERSIDE COUNTY PLANNING DEPARTMENT

Charissa Leach, P.E.
Assistant TLMA Director

APPLICATION FOR CERTIFICATE OF PARCEL MERGER

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

APPLICATION INFORMATION

Applicant Name: _____

Contact Person: _____ E-Mail: _____

Mailing Address: _____
Street

_____ City State ZIP

Daytime Phone No: (____) _____ Fax No: (____) _____

Land Surveyor/Civil Engineer's Name: _____ E-Mail: _____

Contact Person: _____ E-Mail: _____

Mailing Address: _____
Street

_____ City State ZIP

Daytime Phone No: (____) _____ Fax No: (____) _____

Property "A" Owner: _____ E-Mail: _____

Mailing Address: _____
Street

_____ City State ZIP

Daytime Phone No: (____) _____ Fax No: (____) _____

Assessor's Parcel Number(s) of Property "A": _____

Street Address of Property "A," if applicable: _____

Riverside Office · 4080 Lemon Street, 12th Floor
P.O. Box 1409, Riverside, California 92502-1409
(951) 955-3200 · Fax (951) 955-1811

Desert Office · 77-588 El Duna Court, Suite H
Palm Desert, California 92211
(760) 863-8277 · Fax (760) 863-7555

"Planning Our Future... Preserving Our Past"

APPLICATION FOR CERTIFICATE OF PARCEL MERGER

Property B" Owner: _____ E-Mail: _____

Mailing Address: _____
Street

City State ZIP

Daytime Phone No: (_____) _____ Fax No: (_____) _____

Assessor's Parcel Number(s) of Property "B": _____

Street Address of Property "B," if applicable: _____

Property "C" Owner: _____ E-Mail: _____

Mailing Address: _____
Street

City State ZIP

Daytime Phone No: (_____) _____ Fax No: (_____) _____

Assessor's Parcel Number(s) of Property "C": _____

Street Address of Property "C," if applicable: _____

Property "D" Owner: _____ E-Mail: _____

Mailing Address: _____
Street

City State ZIP

Daytime Phone No: (_____) _____ Fax No: (_____) _____

Assessor's Parcel Number(s) of Property "D": _____

Street Address of Property "D, if applicable": _____

Check this box if additional persons or entities have an ownership interest in the subject property(ies) in addition to that indicated above; and attach a separate sheet that references the Lot Line Adjustment number and list those names, mailing addresses, phone and fax numbers, and email addresses; and provide signatures of those persons or entities having an interest in the real property(ies) involved in this application.

The Planning Department will primarily direct communications regarding this application to the person identified above as the Applicant. The Applicant may be the property owner, representative, or other assigned agent.

APPLICATION FOR CERTIFICATE OF PARCEL MERGER

AUTHORITY FOR THIS APPLICATION IS HEREBY GIVEN:

I certify that I am/we are the record owner(s) or authorized agent, and that the information filed is true and correct to the best of my knowledge, and in accordance with Govt. Code Section 65105, acknowledge that in the performance of their functions, planning agency personnel may enter upon any land and make examinations and surveys, provided that the entries, examinations, and surveys do not interfere with the use of the land by those persons lawfully entitled to the possession thereof.

(If an authorized agent signs, the agent must submit a letter signed by the owner(s) indicating authority to sign on the owner(s)'s behalf, and if this application is submitted electronically, the "wet-signed" signatures must be submitted to the Planning Department after submittal but before the subdivision is ready for public hearing.)

PRINTED NAME OF OWNER(S) OF PROPERTY " " SIGNATURE OF PROPERTY OWNER(S)

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AUTHORIZATION FOR CONCURRENT FEE TRANSFER

The applicant authorizes the Planning Department and TLMA to expedite the refund and billing process by transferring monies among concurrent applications to cover processing costs as necessary. Fees collected in excess of the actual cost of providing specific services will be refunded. If additional funds are needed to complete the processing of this application, the applicant will be billed, and processing of the application will cease until the outstanding balance is paid and sufficient funds are available to continue the processing of the application. The applicant understands the deposit fee process as

APPLICATION FOR CERTIFICATE OF PARCEL MERGER

described above, and that there will be **NO** refund of fees which have been expended as part of the application review or other related activities or services, even if the application is withdrawn or the application is ultimately denied.

PROPERTY INFORMATION:

Approximate Gross Acreage: _____

General location (cross streets): North of _____, South of _____, East of _____, West of _____.

Proposal (describe project, indicate the number of lots/parcels involved):

Reason for Request: _____

This completed application form, together with all of the listed requirements provided on the Certificate of Parcel Merger Application Filing Instructions Handout, are required in order to file an application with the County of Riverside Planning Department.

Y:\Current Planning\LMS Replacement\Condensed P.D. Application Forms\295-1016 CPM Condensed Application.docx
Created: 07/02/2015 Revised: 07/30/2018

RECORDING REQUESTED BY
RIVERSIDE COUNTY

THIS AREA FOR RECORDER'S USE ONLY

When recorded, return to:

Riverside County Planning Department
12th Floor County Administrative Center
4080 Lemon Street, Riverside, CA 92502-1409
Mail Stop # 1070

No Fee, 6103 Government Code
Benefit of Riverside County Planning Department

CERTIFICATE OF PARCEL MERGER NO.

RECORD OWNERS	EXISTING PARCELS (Assessor Parcel Numbers)

LEGAL DESCRIPTION OF MERGED PARCELS
See attached - Exhibit "A"

SIGNATURE(S) OF RECORDED OWNER(S) (Must be Notarized)

Print Name/Title:	Signature:
Print Name/Title:	Signature:
Print Name/Title:	Signature:
Print Name/Title:	Signature:

RIVERSIDE COUNTY PLANNING DEPARTMENT APPROVAL

This Certificate of Parcel Merger is approved.

Signature: _____ Printed Name: _____ Date: _____

RIVERSIDE COUNTY SURVEYOR'S APPROVAL

This document reviewed by Riverside County Surveyor.

BY: _____ Date: _____

NOTARY ACKNOWLEDGEMENT

STATE OF CALIFORNIA)
COUNTY OF _____)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

On _____ before me, _____,
(Date) (Name and Title of Officer)

personally appeared _____,
(Name(s) of Signer(s))

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

{SEAL}

Notary Public

**EXHIBIT "A" - LEGAL DESCRIPTION
CERTIFICATE OF PARCEL MERGER NO. _____**

Record Owner(s): _____

Address: _____

Exhibit Prepared by: _____

Address: _____

Phone Number: _____

Scale: _____

Assessor's Parcel Number(s): _____

**EXHIBIT "B" - MAP
CERTIFICATE OF PARCEL MERGER NO. _____**

Record Owner(s): _____

Address: _____

Exhibit Prepared by: _____

Address: _____

Phone Number: _____

Scale: _____

Assessor's Parcel Number(s): _____

**EXHIBIT "C" – SITE PLAN
CERTIFICATE OF PARCEL MERGER NO. _____**

Record Owner(s): _____

Address: _____

Exhibit Prepared by: _____

Address: _____

Phone Number: _____

Scale: _____

Assessor's Parcel Number(s): _____