



RIVERSIDE COUNTY PLANNING DEPARTMENT

Charissa Leach, P.E.
Assistant TLMA Director

APPLICATION FOR LAND DIVISION PHASING MAP

CHECK ONE AS APPROPRIATE:

For review by the Advisory Agency [Minor Change Fee]

For review by County Staff [Land Division Unit Map Fee]

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

TENTATIVE MAP NO.: _____ UNIT NO.: _____

TOTAL NUMBER OF PHASES PROPOSED: _____

Check if previous phasing approved. Indicate method of phasing (case type and number): _____

APPLICATION INFORMATION

Applicant Name: _____

Contact Person: _____ E-Mail: _____

Mailing Address: _____

Street

City

State

ZIP

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

Engineer/Representative Name: _____

Contact Person: _____ E-Mail: _____

Mailing Address: _____

Street

City

State

ZIP

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

Property Owner Name: _____

Contact Person: _____ E-Mail: _____

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