



COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF PLANNING & BUILDING
Tentative Map Number Request Form

PLN-1113
03/19/2018

Tentative Parcel Map

Tentative Tract Map

Lot Line Adjustment

Public Lot

PROPERTY OWNER INFORMATION			APPLICANT OR AGENT INFORMATION		
Name:	Telephone:		Name:	Telephone:	
Email address:			Email address:		
Mailing address:			Mailing address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
PROPERTY INFORMATION					
Assessor Parcel Number(s): _____ Total Site Area: _____					
Legal Description: Lot _____ Block _____ Tract _____ (or) Section _____					
Township _____ Range _____ Parcel Map Number _____					
Unincorporated Area _____ Incorporated City _____ (specify) _____					
REQUEST: A request for assignment of a tentative map can be submitted by mail, email or presented in person to the Department of Planning and Building. Numbers cannot be assigned by phone or without a completed form.					
PROPOSED SUBDIVISION NAME: (if available) _____					
EXPECTED DATE OF SUBMISSION OF TENTATIVE MAP: _____					
NUMBER OF PHASES OR UNITS EXPECTED TO COMPLETE DEVELOPMENT: _____					
NUMBER OF LOTS IN PROPOSED SUBDIVISION (BY PHASE): _____					
INDICATE TYPE OF MAP (CONDO'S, M.H., ETC.): _____					
NUMBER OF ACRES IN PROPOSED SUBDIVISION: _____					
PROPOSED SIZE OF LOTS: _____					
PREVIOUS TENTATIVE MAP NUMBER ISSUED TO PROPERTY: (if applicable) _____					
<u>Verification:</u>					
I have read and understand this issuance form and I certify the foregoing statements are true and correct.					
I am _____ Applicant & Owner, _____ Applicant, or _____ Agent for Applicant					
_____ Signature			_____ Date		
STAFF USE ONLY: BY SAN LUIS OBISPO COUNTY DEPARTMENT OF PLANNING AND BUILDING					
Number Issued: _____			Date: _____		
New Number Being Issued Because: _____ Approved by: _____					