

APPLICATION FOR LOT SPLIT FOUR OR LESS LOTS

City of Hawthorne Planning Department

4455 West 126th Street

Hawthorne, CA 90250

(310) 349-2970

Fax: (310) 644-6685

Date:_____ Filing fee:_____ Application No._____

Check Appropriate Type of Map and Insert Tract Map Number:

◇ Vesting Tract Map ◇ Tentative Tract Map ◇ Condominium Tract Map Tract Map Number_____

Number of Lots:_____ Zoning Designation:_____

Property Address:_____

Legal Description:_____

Purpose of Lot Division:_____

Property Owner:_____

Address:_____

City, State, Zip:_____

Phone:_____ Fax:_____

Authorized Agent:_____

Address:_____

City, State, Zip:_____

Phone:_____ Fax:_____

Legal Title of Property is Held by Following Persons:

Name	Address:
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Name	Address:
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Name	Address:
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NOTE: Please state the exact name of each party as it appears on the title. If applicant is either a partnership or an association, please furnish name and address of each officer.

Title is Held as: _____
(Individual, Joint Tenant, Tenants in Common, etc.)
Engineer _____ or _____ Surveyor: _____
Name Address Phone

Signature(s) of all Owners of the Property:

Printed Name Signature Date Signed

Printed Name Signature Date Signed

Printed Name Signature Date Signed

Signature of Authorized Agent (a written authorization from the property owners must be attached to this application)

Printed Name Signature Date Signed

Submit 8 paper copies and an electronic copy (pdf file) of the parcel map along with completed application and filing fees to the Planning Department.