

# APPLICATION TO SUBDIVIDE LAND INTO FIVE OR MORE LOTS

City of Hawthorne Planning Department

4455 West 126<sup>th</sup> 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.**