



CITY OF FONTANA
Department of Engineering
8353 Sierra Avenue, Fontana CA 92335
(909) 350-7610

APPLICATION FOR FINAL TRACT MAP OR PARCEL MAP

THIS FORM MUST BE SUBMITTED WITH FIRST PLAN CHECK SUBMITTAL
 (INCOMPLETE SUBMITTALS WILL BE REJECTED)

SUBDIVIDER: _____ TRACT MAP #/PARCEL MAP #: _____

THE FOLLOWING ITEMS ARE REQUIRED WITH THE APPLICATION:

- TWO (2) SETS OF PRINTS OF TITLE AND MAP SHEETS OF THE FINAL TRACT/PARCEL.
- COPY OF APPROVED TENTATIVE TRACT/PARCEL MAP.
- TWO (2) COPIES OF THE LATEST ASSESSOR'S FULL SIZE MAP.
- GRANT DEEDS OF THE SUBJECT PROPERTY.
- ALL DEED REFERENCES USED IN THE ESTABLISHMENT OF THE FINAL TRACT/PARCEL MAP.
- CALCULATIONS SHOWING THE CLOSURE AND AREA OF THE DISTINCTIVE BORDER.
- CALCULATION SHOWING THE CLOSURE OF THE CENTERLINE SURVEY AROUND THE PROPERTY IN QUESTION, "NOT A PART" AREA, AND OTHER CONTROL LINES.
- SUBMIT HARD COPY TO SHOW THE ESTABLISHMENT OF CONTROLLING LINES OR DEEDS IF IT CANNOT BE SHOWN ON THE FINAL MAP.
- SUBMIT ALL RECORD REFERENCES USED IN THE FINAL MAP, SUCH AS FIELD BOOKS, RECORD OF SURVEY, TRACTS, PARCEL MAP, COUNTY MAPS AND CENTERLINE TIES.
- CITY OF FONTANA'S "CONDITIONS OF APPROVAL."
- LATEST PRELIMINARY TITLE REPORT.

PAYMENT OF FINAL MAP REVIEW FEES AND MAP RECORDATION FEES:	AMOUNT:
▪ TRACT MAP 1 – 10 LOTS = \$1,800.00	\$ _____
PLUS \$50 PER LOT OVER 10 LOTS (10 LOTS – ___ TOTAL LOTS X \$50.00) =	\$ _____
▪ PARCEL MAP 1 – 5 PARCELS = \$1,800.00	\$ _____
▪ MONUMENT INSPECTION (CASH PAYMENT NON-REFUNDABLE) \$40/LOT X ___ LOT(S) =.	\$ _____
▪ GIS ARCHIVE FEE (\$50.00/SHEET X ___ TOTAL SHEET(S)) =	\$ _____

TOTAL FEES: \$ _____

CITY OF FONTANA
ENGINEERING/ LAND DEVELOPMENT
PLAN CHECK APPLICATION AND FIRST SUBMITTAL REQUIREMENTS

THIS FORM MUST BE SUBMITTED WITH FIRST PLAN CHECK

PROJECT INFORMATION	DATE
<hr/>	
PARENT CASE # (TR, PM, CUP, A.S.P, DR., PMT NO.):	
<hr/>	
DESCRIPTION/LOCATION: (MAP & PHASE # / NO. OF LOTS / STREET NAME(S))	
<hr/>	

ENGINEER (NAME AS APPEARS ON LETTERHEAD)	
<hr/>	
ADDRESS	
<hr/>	
CITY/STATE/ZIP C ODE	
<hr/>	
PHONE	CONTACT PERSON (LAST NAME / FIRST)

APPLICANT (NAME AS APPEARS ON LETTERHEAD)	
<hr/>	
NOTE: THE APPLICANT WILL RECEIVE ALL BILLINGS, CORRESPONDENCE AND REFUNDS FOR DEPOSIT BASED FEES.	
<hr/>	
ADDRESS	
<hr/>	
CITY/STATE/ZIP CODE	
<hr/>	
PHONE	CONTACT PERSON (LAST NAME / FIRST)

OWNER (NAME AS APPEARS ON LETTERHEAD)	
<hr/>	
ADDRESS	
<hr/>	
CITY/STATE/ZIP CODE	
<hr/>	
PHONE	CONTACT PERSON (LAST NAME / FIRST)

BY: PRINT NAME	SIGNATURE	DATE

NOTE:

I, the undersigned engineer, do verify that all the items necessary for this project and checked above are attached.

Signature

Date

Name Printed or Typed

Civil Engineer's Stamp

(GM 2/11/14)