

CITY OF ORLAND

**INSTRUCTIONS FOR FILING
REVERSION TO ACREAGE**

This application (**plus two copies of the completed application**) and all necessary submittal requirements must be properly completed and have original signatures of the applicant(s) and all property owner(s). All application materials must be received at the time of filing.

SUBMITTAL REQUIREMENTS

1. One (1) copy of the tentative parcel map sheet 11" x 17" and six (6) copies of the map, sheets 18" x 26" and folded to a size of no greater than 7" x 10" prior to acceptance. The map must be drawn to scale and clearly indicate all dimensions and pertinent information including the following:
 - a) Name and address of owner of record of all parcels and engineer/surveyor who prepared map.
 - b) Date of preparation.
 - c) Current Assessor's Parcel Number(s)
 - d) Layout, dimensions and acreage of existing lots and merged lot.
 - e) A scale and north arrow.
 - f) A location/vicinity map identifying the project site within an identifiable geographic area.
 - g) The location and dimensions of all existing building and structures including location from property line.
 - h) The name, location, and width of all existing interior, abutting, and proposed streets and easements.
 - i) Location and nature of all utilities in accordance with the requirements of the City of Orland.
 - j) Listing of adjacent recorded or known proposed land divisions, lot line adjustment(s), or any other application for entitlement, which may or will affect or be affected by the subject application.
2. Statement on map regarding public road easements or public utilities easements.
3. One copy of the deeds for existing parcels and a Preliminary Title Report of Parcel Map Guarantee.
4. One copy of the Assessor's Parcel Map(s) with the subject site clearly identified.
5. Photographs of the site.
6. Soil studies if applicable.
7. Other information as may be required to facilitate a comprehensive evaluation of the application by the City of Orland.
8. This application (**plus two copies of the completed application**).

REVERSION TO ACREAGE APPLICATION

Please submit completed application form to:

**City of Orland
Planning Department
815 Fourth Street
Orland, CA 95963
530.865.1600
530.865.1632 (fax)**

NOTE: APPLICATIONS THAT ARE NOT COMPLETELY FILLED OUT AND WHICH DO NOT HAVE ALL REQUIRED SUBMITTALS WILL NOT BE ACCEPTED FOR FILING.

Contact Information:

1.	Applicant Name (s):	_____		
	Address:	_____		
		Street	City/State/Zip	
	Phone:	_____		
		Business	Home	Cell
	Fax:	_____		
	Email:	_____		
2.	Property Owner(s):	_____		
	Address:	_____		
		Street	City/State/Zip	
	Phone:	_____		
		Business	Home	Cell
	Fax:	_____		
	Email:	_____		
3.	Property Owner(s):	_____		
	Address:	_____		
		Street	City/State/Zip	
	Phone:	_____		
		Business	Home	Cell
	Fax:	_____		
	Email:	_____		
4.	Engineer/Surveyor:	_____		
	Address:	_____		
		Street	City/State/Zip	
	Phone:	_____		
		Business	Home	Cell
	Fax:	_____		
	Email:	_____		

APPLICANT(S)/OWNER(S) DECLARATION UNDER PENALTY OF PERJURY
(Must be signed by ALL applicants and property owners)

I am (we are) the owner(s) of the property that is the subject of this application and I (we) have completed this application and all other documents and maps required herein, or have permitted the person(s) identified as the Applicant to do so on my (our) behalf. Owner(s) and/or Applicant(s) hereby certify that the information and statements made herein are, in all respects, true and correct to the best of my (our) knowledge and belief.

I (we) also declare under penalty of perjury that the foregoing is true and correct as evidenced by my (our) signature(s) below.

1. Property Owner(s):

Print: _____ Signed: _____ Date: _____

Property Owner(s):

Print: _____ Signed: _____ Date: _____

2. Applicant(s):

Print: _____ Signed: _____ Date: _____

Applicant(s):

Print: _____ Signed: _____ Date: _____

****Note: If the owner or applicant is other than an individual(s), a copy of a Resolution from the corporation or partnership agreement authorizing this application must be attached hereto.***

PROJECT DESCRIPTION:

Address and location of project site:

Assessor's Parcel Number (APN): _____

Current Zoning of property: _____

Size of Property (Acres/Square feet): _____

Number and Size of Parcels to be Created: _____

Current Use of Project Site: _____

Proposed Use of Project Site: _____

List other lands, BY ASSESSOR'S PARCEL NUMBER(S), located within the City of Orland and within three (3) miles of the subject property in which the owner of the land subject property, or applicant, has or had an interest in:

Source and/or name of supplier, quality, quantity of domestic water:

Method of sewage disposal and/or name of agency:

Does the proposed project require a waiver?

Yes _____ No _____

If "Yes" a written request and fourteen (14) extra copies of the tentative map must be submitted).

Additional information that may be helpful in evaluating this request:

TO BE COMPLETED BY THE PLANNING DEPARTMENT

Date Filed: _____

By: _____

Fee Paid: _____

EA Fee Paid: _____

Receipt Number: _____

Notes: _____

FOR DEPARTMENT USE ONLY

General Plan Designation: _____

Zoning Designation: _____

Chapter: _____

Property Owner Verified: _____
Yes No

Minimum lot size allowed: _____

More Information Needed: _____
Yes No

Application Complete: _____
Yes No

Sebacks: Front: _____ Rear: _____ Side: _____

Special Circumstances: _____
Yes No

Application Reviewed by: _____
Name Date