



TULARE COUNTY RESOURCE MANAGEMENT AGENCY APPLICATION



GENERAL INFORMATION / COVER SHEET

CERTIFICATE OF COMPLIANCE

General Information:

Applicant _____

Mailing Address _____ City _____ State ____ Zip _____

Phone _____ Cell Phone _____ E-Mail _____

Property Owner (if different) _____

Mailing Address _____ City _____ State ____ Zip _____

Phone _____ Cell Phone _____ E-Mail _____

Agent (if applicable) _____

Mailing Address _____ City _____ State ____ Zip _____

Phone _____ Cell Phone _____ E-Mail _____

Site Address: _____ **City/Town:** _____

Physical Location of Site (cross streets & nearest community): _____

Assessor's Parcel No(s): _____

THIS SPACE FOR PERMIT CENTER STAFF USE ONLY

Project Number: _____ **Supervisor District:** _____ **Economic Development:** _____

Current Zoning: _____ **General Plan Land Use:** _____ **UAB/UDB/HDB/MSC:** Yes No

Project Description _____

Agricultural Preserve (if applicable) – Preserve No. _____ **Contract No.** _____

Filing Fee(s): _____ **Total Amount Paid:** _____ **Payment Type:** _____

Date Received: _____ **Existing Entitlements/References:** _____

Number of Certificates Requested: _____ **Application Received/Reviewed by:** _____

PERMIT CENTER HOURS: MONDAY – THURSDAY 9:00 A.M. TO 4:30 P.M. FRIDAY 9 A.M. TO 11 A.M.

TULARE COUNTY RESOURCE MANAGEMENT AGENCY
****5961 S. Mooney Blvd. Visalia, CA 93277 ** PHONE: 559-624-7000 ****

CERTIFICATE OF COMPLIANCE APPLICATION

REQUIREMENTS, FEES AND INSTRUCTIONS *(Please use dark blue or black ink)*

When the requirements listed below are met, file the completed application (including all attachments) with the Tulare County Resource Management Agency, Permit Center, located at 5961 South Mooney Blvd, Visalia, CA 93277-9394.

The application must be complete in every respect with all questions answered and all requested information provided before the County can officially accept the application for processing. In the course of accepting and processing the application, the Permit Center Official or Planner may request the applicant to clarify, amplify, correct or otherwise supplement the required information. Should you have any questions, please contact the Permit Center at 559/624-7100.

1. The Ordinance Code of Tulare County requires a filing fee to be paid at the time of filing an application for a Certificate of Compliance. This fee is to cover the cost to the County for processing and recording the Certificate of Compliance. The following fees apply:

TYPE OF CERTIFICATE OF COMPLIANCE	FEE AMOUNT (SUBJECT TO CHANGE AT ANY TIME)
(a) Where the present owner was not the subdivider, the buyer, or the person contracting the purchase of the property when it was first divided (b) Where the property was not subject to the Subdivision Map Act at the time it was first divided	1-4 lots \$822.00 plus \$211.00 per lot. For more than 4 lots \$1,903.00 plus \$28.00 per lot.
Certificate of Compliance which does not qualify under (a) or (b) above	1-4 lots - \$2,334.00 plus \$843.00 per lot. For more than 4 lots \$6,931.00 plus \$112 per lot.
ADDITIONAL FEES DUE PRIOR TO APPROVAL AND/OR RECORDING DECISION	
RECORDING FEE (Including SB2 - Building Homes and Jobs Act Fee)	\$150.00

NOTE: The applicant is responsible for the payment of all fees associated with this application.

2. This application must be filled out with full and complete answers and must be signed by the owner(s) of the property *(see Owner's Affidavit)*.
3. A Chain of Title prepared by a Title Company must be submitted with this application which traces ownership of the parcel back to the point in time when the parcel was first created. In addition, any other documents or reports, recorded or unrecorded, which may help establish the date this property was created as a separate parcel, and which establishes proof of ownership, should be submitted with the application.

SUMMARY OF REQUIREMENTS FOR A CERTIFICATE OF COMPLIANCE APPLICATION

	Applicant	Staff
1. Completed Application	<input type="checkbox"/>	<input type="checkbox"/>
2. Owner's Affidavit <i>(Signed by Property Owner)</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Filing Fee	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of the Assessor's Parcel Map	<input type="checkbox"/>	<input type="checkbox"/>
5. Chain of Title <i>(Prepared by a Title Company)</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. Copy of the deed, contract of sale, or other legal description	<input type="checkbox"/>	<input type="checkbox"/>
7. Plot Plan or Site Plan <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>
8. Indemnification and Cost Recovery Agreement (separate attachment)	<input type="checkbox"/>	<input type="checkbox"/>
9. Request of Unused Fees Form (Signed by Applicant)	<input type="checkbox"/>	<input type="checkbox"/>
10. Request for return of unused fees, signed	<input type="checkbox"/>	<input type="checkbox"/>

I (We), the owner(s) of the real property described above, do hereby petition the Planning Director to issue a Certificate of Compliance pursuant to Chapter 1.5 of the Ordinance Code of Tulare County certifying that said real property has been created in compliance with the provisions of the Subdivision Map Act and all ordinances of the County adopted pursuant thereto.

Property Acquisition:

- 1. Date _____
- 2. Prior owner(s) _____
- 3. Instrument of Sale: Contract of Sale Quit Claim Deed Other _____
 Grant Deed Gift Deed
- 4. The escrow was processed by (Name of Title Company) _____
- 5. Has the property been divided since it was purchased? Yes No
 If Yes, how many times? _____

Development:

- 6. Has a building permit been issued for this property? Yes No
 If Yes, when? _____ Permit No. _____
 If Yes, submit a plot plan showing the location, dimensions and setbacks of all existing structures and improvements, including septic tank-leach line systems. Also include the length of time the improvements have existed on the property.

Water Supply:

- 7. No water supply to the site
- Domestic Well – Size of pump _____ Gallons per minute _____
- Irrigation Well: _____
- Irrigation District – Name: _____
- Private Water Company – Name: _____
- Community System – Name: _____

Sewage Disposal:

- 8. No sewage disposal system on site
- Septic Tank-Leach Lines: Size of tank _____gallons & length of lines _____ft.
- Seepage Pit - Size _____
- Community System – Name: _____
- Aerobic tank - Size of tank _____

Additional Information:

- 9. Was the property involved divided by a gift deed? Yes No
 If Yes, please provide the following information:
 - a. Relationship between the grantee and the grantor: _____
 - b. Intended use of the gifted parcel and the remainder parcel: _____

The County of Tulare
“INDEMNIFICATION AND COST RECOVERY AGREEMENT”
(must accompany this application)

Please download or print out the form from the
County Web Site
(located with the list of land use applications).

The Indemnification and Cost Recovery Agreement
must be filled in and signed by the applicant and must be
submitted as part of any land use application requiring
discretionary review by the County.

This Agreement must be signed by the Applicant

Please sign the Agreement in blue ink (preferred)
and submit the original, signed document with the appropriate
land use application.

WITHDRAWAL OF APPLICATION

Should you, at any time during the processing of your application, wish to withdraw your application and request a refund of fees paid, you may do so by forwarding a letter to the Resource Management Agency making that request. Please state clearly that you no longer wish to proceed with your land use project (*state the project number*), and that you are requesting a withdrawal of your project and a refund of any fees that have not been expended for the processing of your application.

Please date and sign the letter and include a mailing address where you would like any refund of fees (if applicable) to be mailed. Forward the request to the attention of the project planner.

REQUEST FOR REFUND OF FEES

Resource Management Agency
5961 S. Mooney Blvd.
Visalia, CA 93277

Project Number: _____

Please refund any unused fees associated with this application to the designated name and address below.

(please print name)

(Street Address, Suite/Apt. No.)

(City, State, Zip)

Signature

Date