



MERGER DETERMINATION APPLICATION

In accordance with Chapter 22.92 of the Marin County Development Code (Title 20 of the Interim Marin County Subdivision Ordinance for properties in the coastal zone), this application is made for a Merger determination on the parcels described herein.

TO BE FILLED OUT BY PROPERTY OWNER/APPLICANT *(Please type or print legibly.)*

- 1. Assessor's Parcel No(s): _____ Zoning: _____
- 2. Project Address: _____ City/Zip: _____
- 3. Property Owner: _____ Phone: _____
- 4. Owner's Address: _____ City/Zip: _____
- 5. Applicant: _____ Phone: _____
(if different from owner)
- 6. Applicant's Address: _____ City/Zip: _____

SIGNATURE

I hereby certify that I have read this application form and that to the best of my knowledge, the information in this application and all the attached exhibits is full, complete, and correct. I understand that any misstatement or omission of the requested information or of any information subsequently requested shall be grounds for rejecting this application, deeming this application incomplete, or denying the application. I hereby authorize employees of the County of Marin to enter upon the subject property, as necessary to inspect the premises and process this application.

Signature of Owner(s)

Signature of Applicant

Date

Date

I hereby request a public hearing before the Marin County Zoning Administrator on this merger determination application. I understand that if I do not request a public hearing on this application, the merger determination will be made by the Community Development Agency Director without a public hearing.

NOTE: SIGNATURE OF OWNER REQUIRED ONLY IF A PUBLIC HEARING IS REQUESTED.

Signature of Owner(s)

TO BE FILLED IN BY PLANNING DEPARTMENT STAFF

Date Received: _____	FEEES:
Receipt No: _____	Permit: _____
Received by: _____	Permit: _____
Planner assigned: _____	Cat. Exempt: _____
Concurrent Application: _____	Initial Study: _____
Reviewing Authority: _____	Other: _____
	Total: _____

Hearing: ()
Non-Hearing: ()

MERGER DETERMINATION/APPLICATION SUBMITTAL REQUIREMENTS

The following information is required for a Merger Determination application to be considered complete, except items indicated on this form as waived by the Planning Department. Within thirty (30) days of receipt of an application, the Planning Department will inform the applicant in writing if the application is complete, and if not, what items must be submitted. Processing of the application will not begin until it is complete. Please provide all requested information.

1. A "legal description" of the property. This may be in metes and bounds or, by specific reference to a recorded subdivision map. The description must be on a separate 8" x 11" sheet of paper.
2. Such additional information as may be required by the Community Development Agency Director, including but not limited to:
 - a. Survey Map.
 - b. Topographic Map.
 - c. Valid building permit(s) or evidence of the date of construction of any structure on the parcel.
 - d. Preliminary Title Report.
 - e. Documentation indicating the date and method of creation for the parcel.