



**CITY OF FOWLER  
APPLICATION FOR TENTATIVE PARCEL MAP**

Legal Description of Existing Parcel \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Assessor's Parcel Number(s): \_\_\_\_\_

Date Property was Purchased: \_\_\_\_\_ Deed Recorded in: Book \_\_\_\_\_ Page \_\_\_\_\_

Area or Acreage of Existing Parcel: \_\_\_\_\_ Number of Parcels Proposed \_\_\_\_\_

Area or Acreage of Parcels Proposed: Parcel 1 \_\_\_\_\_ Parcel 2 \_\_\_\_\_

Parcel 3 \_\_\_\_\_ Parcel 4 \_\_\_\_\_

Existing Use of Parcel to be Divided. \_\_\_\_\_

Proposed Use of Parcels to be Created. \_\_\_\_\_

Existing Zoning of Parcel to be Divided. \_\_\_\_\_

Proposed Zoning of Parcels to be Created:

Parcel 1 \_\_\_\_\_ Parcel 2 \_\_\_\_\_ Parcel 3 \_\_\_\_\_ Parcel 4 \_\_\_\_\_

Source of Domestic Water Supply: \_\_\_\_\_

Method of Sewage Disposal: \_\_\_\_\_

Related Applications: (Note: All related applications must be filed at the same time as this tentative parcel map application)

a. Change of Zone Application # \_\_\_\_\_ b. Conditional Use Permit App # \_\_\_\_\_

b. Variance Application # \_\_\_\_\_ d. Other \_\_\_\_\_

A preliminary title report describing the status of all interests in the parcel to be divided must be attached to this application.

Ten (10) copies of the tentative parcel map must be submitted to the City at the same time this application is submitted.

\_\_\_\_\_  
Signature or Record Owner

\_\_\_\_\_  
Signature of Agent or Applicant

\_\_\_\_\_  
Signature of Person Preparing Map

I hereby certify that I am  
The record owner(s) of  
The property described  
Herein and consent to the  
submission of this application.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City      State      Zip

\_\_\_\_\_  
City      State      Zip

\_\_\_\_\_  
City      State      Zip

Please contact the Fowler City Hall, (559) 834-4832 if you have any questions regarding the information required on this application.

\_\_\_\_\_  
For Staff Use Only

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Received by: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_