



City of Del Mar
 Department of Planning and Community Development
 1050 Camino del Mar
 Del Mar, CA 92014

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 Counter Hours: M&W 1:00 pm – 5:30 pm
 Email: planning@delmar.ca.us
 Website: www.delmar.ca.us

Submittal Date: _____ Planner: _____
 Fees: PL: _____ ENG: _____ Receipt No.: _____
 ED No.: _____ Related Projects: _____

Final and Parcel Map Application

APPLICATION:

Project Address: _____

Assessor's Parcel No(s). _____

Zoning: _____ **Overlay Zone** _____

Map No. (TM or TPM): _____

Date TM or TPM was approved by the City Council: _____

APPLICANT:

Applicant(s):

Owner Owner's Agent Contractor Licensed Architect Licensed Engineer Other:

Business License No.: _____

Mailing Address: _____

City / State: _____ **Zip:** _____

Phone No(s): _____

Email: _____

Signature(s): _____

OWNER (if not primary applicant listed above):

Owner: _____

Mailing Address: _____

City / State: _____ **Zip:** _____

Phone No(s): _____

Email: _____

Signature(s)
 (authorizing applicant to submit application): _____

APPLICANT'S REPRESENTATIVE (if applicable):

Applicant's Representative: _____

Mailing Address: _____

City / State: _____ **Zip:** _____

Phone No(s): _____

Email: _____

Signature: _____

AUTHORIZATION (plan set copies):

I acknowledge that plan sets may be reproduced and distributed to City representatives and members of the public for project review purposes only.

Signature: _____

