

City of Jurupa Valley

ENGINEERING DEPARTMENT

LD _____

MP _____

Planning Project No. _____

APPLICATION FOR FINAL TRACT/PARCEL MAP

THIS FORM MUST BE SUBMITTED WITH FIRST SUBMITTAL

Name of Owner: _____

Signature: _____ Phone #: _____

Mailing Address: _____ FAX number: _____

_____ Email Address: _____

Name of Applicant: _____ Contact: _____

Authorized Signature: _____ Phone #: _____

Mailing Address: _____ FAX number: _____

_____ Email Address: _____

Project Description: _____

Project Location: _____

Tract / Parcel No.: _____

Lot / Parcel Count: _____

APN: _____

Map Schedule: _____