



COUNTY OF SANTA BARBARA

Planning and Development

www.sbcountyplanning.org

Final Map Clearance

After a Tentative Map or Lot Line Adjustment has been approved by the County, a Final Map Clearance (FMC) must be recorded within specified time limits. Before the map can be recorded, the County Surveyor's Office requires each Department having conditions to submit a letter stating that all of the respective conditions have been satisfied. In order for Planning and Development to clear a map, this application and a filing fee must be submitted. The request for final map clearance will be processed by planning staff.

THIS PACKAGE CONTAINS

- ✓ SUBMITTAL REQUIREMENTS
- ✓ APPLICATION FORM
- ✓ INDEMNIFICATION AGREEMENT

AND, IF ✓'D, ALSO CONTAINS

- AGREEMENT FOR PAYMENT OF PROCESSING FEES

[Click to download Agreement to Pay form](#)

South County Office
123 E. Anapamu Street
Santa Barbara, CA 93101
Phone: (805) 568-2000
Fax: (805) 568-2030

North County Office
624 W. Foster Road, Suite C
Santa Maria, CA 93455
Phone: (805) 934-6250
Fax: (805) 934-6258

Website: www.sbcountyplanning.org

Updated by LL 043019

SUBMITTAL REQUIREMENTS

- ___ 1 Copy of Application
- ___ 2 Copies of proposed final map
- ___ 1 Copy of the final action letter including conditions of approval for the original discretionary project (TEX, MOD, MPC, SCD)
- ___ 1 Agreement to Pay Form
[Click to download Agreement to Pay form](#)
- ___ 1 Indemnification Agreement
- ___ 1 Check payable to Planning & Development

Planning and Development does not keep extra copies of plans and maps after project approval. Files are microfiched. You are responsible for submitting copies of your approved plans/maps.

NOTES:

1. Additional copies of submittals may be required. Requests of this type vary in complexity. Most will require only one planner's review, but others must be looked at by other departments. If your application falls into the latter category, the application coordinator or your planner will let you know so your request may be expedited.

PROJECT DATA

SITE ADDRESS: _____			
ASSESSOR PARCEL NUMBER: _____			
PARCEL SIZE (acres/sq.ft.): Gross _____		Net _____	
PROJECT NAME: _____			
TRACT NUMBER: _____			
DID YOU HAVE A PRE-APPLICATION? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who was the planner? _____			
IS THIS APPLICATION (POTENTIALLY) RELATED TO CANNABIS ACTIVITIES? <input type="checkbox"/> No <input type="checkbox"/> Yes			
PROJECT DESCRIPTION SUMMARY: _____			
1. Financially Responsible Person: _____ Phone: _____ (for this project)			
Mailing Address: _____ Street City State ZIP			
2. Owner: _____ Phone: _____ FAX: _____			
Mailing Address: _____		E-mail: _____	
Street City State Zip			
3. Agent: _____ Phone: _____ FAX: _____			
Mailing Address: _____		E-mail: _____	
Street City State Zip			
4. Arch./Designer: _____ Phone: _____ FAX: _____			
Mailing Address: _____ State/Reg Lic# _____			
Street City State ZIP			
5. Engineer/Surveyor: _____ Phone: _____ FAX: _____			
Mailing Address: _____ State/Reg Lic# _____			
Street City State ZIP			
6. Contractor: _____ Phone: _____ FAX: _____			
Mailing Address: _____ State/Reg Lic# _____			
Street City State ZIP			
7. Soils Lab: _____ Phone: _____ Reg. _____			
Mailing Address: _____ State/Reg Lic# _____			
Street City State ZIP			

COUNTY USE ONLY

Case No.: _____	Submittal Date: _____
Supervisorial District: _____	Date Accepted for Processing: _____
Applicable Zoning Ord.: _____	Companion Case No(s): _____
Project Planner: _____	Subdivision Committee Hearing Date: _____
Project Name: _____	Project Description: _____

Attach additional sheets if necessary, referencing the section and question number. Please fill in every blank. Use "N/A" where question is not applicable.

II. PROJECT DESCRIPTION: Please use the space below or type on a separate sheet and attach to the front of your application a complete description of your request including the permit/decision requested, location, setting, and purpose of the project, reason for time extension, modification, change in plans, etc.

III. FORMER PROJECT INFORMATION

B. List all previous project numbers, the dates of approval and the decision maker.

Project #	Date of Final Approval	Decision Maker
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. If this is a Final Map Clearance Request:

Is a Development Plan (DP/DVP) associated with the map? Y N If so,

List DP/DVP # and date of final approval above. Clearance cannot be issued if DP/DVP is only preliminary.

IV. FOR SUBSTANTIAL CONFORMITY DETERMINATIONS

- A. List total coverage for all structures currently approved: _____ sq. ft.
- B. List proposed coverage for all structures _____ sq. ft. _____ % increase.
- C. List total coverage for all development currently approved (includes paved areas. _____ sq. ft.
- D. List coverage for all development _____ sq. ft. _____ % increase.

V. CERTIFICATION OF ACCURACY AND COMPLETENESS

Signatures must be completed for each line. If one or more of the parties are the same, please re-sign the applicable line.

Applicant's signature authorizes County staff to enter the property described above for the purposes of inspection.

I hereby declare under penalty of perjury that the information contained in this application and all attached materials are correct, true and complete. I acknowledge and agree that the County of Santa Barbara is relying on the accuracy of this information and my representations in order to process this application and that any permits issued by the County may be rescinded if it is determined that the information and materials submitted are not true and correct. I further acknowledge that I may be liable for any costs associated with rescission of such permits.

Signature	Print Name	Firm	Date
Print name and sign - Preparer of this form			Date
Print name and sign - Applicant			Date
Print name and sign - Agent			Date
Print name and sign - Landowner			Date