

INSTRUCTIONS FOR USE

- 1 Enter all required information by just typing in the selected areas.
- 2 Fill out the applicant name on each page heading
- 3 To Print--- Using the control button, click on each page that you would like to print.
Once the pages you want to print are selected, select file, and print. This will accurately count the number of pages and automatically enter them on the bottom of each page.

RECORDING REQUESTED BY:

City of Agoura Hills
30001 Ladyface Court
Agoura Hills, CA 91301

WHEN RECORDED MAIL TO:

City of Agoura Hills
30001 Ladyface Court
Agoura Hills, CA 91301

SPACE ABOVE THIS LINE FOR RECORDER'S USE

CERTIFICATE OF COMPLIANCE

REQUEST FOR A CERTIFICATE OF COMPLIANCE

CERTIFICATE OF COMPLIANCE NO. _____

I / We the undersigned owner(s) of record of real property within the City of Agoura Hills, hereby REQUEST to adjust existing property lines of the following described parcels:

_____ Signature	_____ Signature	_____ Signature
_____ Name (Typed or printed)	_____ Name (Typed or printed)	_____ Name (Typed or printed)
_____ Signature	_____ Signature	_____ Signature
_____ Name (Typed)	_____ Name (Typed)	_____ Name (Typed)
_____ Date	_____ Date	_____ Date

LEGAL DESCRIPTION OF NEW PARCELS (TYPED)

APPLICANT:

CERTIFICATE OF COMPLIANCE

CONTINUATION

APPLICANT:

CERTIFICATE OF COMPLIANCE

CONTINUATION

I hereby certify that the above described parcel complies with the provisions of the State Subdivision Map Act and the City Subdivision Ordinance, having been exempt from said act and ordinance at the time of its creation, and may therefore be sold, financed, leased, or transferred.

NOTE: This determination DOES NOT GUARANTEE that the subject property meets current design and improvement standards for subdivided parcels. Prospective purchasers should check conditions and applicable development codes to determine whether the property is suitable for their intended use.

AMB:

PLANNING DEPARTMENT

PLANNING DEPARTMENT
CITY OF AGOURA HILLS
COUNTY OF LOS ANGELES
STATE OF CALIFORNIA

BY: _____

TITLE: _____

DATE: _____