



APPLICATION FOR PARCEL LEGALITY OR CERTIFICATE OF COMPLIANCE

This application is for:

- PARCEL LEGALITY STATUS
- UNCONDITIONAL CERTIFICATE OF COMPLIANCE
- CONDITIONAL CERTIFICATE OF COMPLIANCE

1. Owner[s] Name: _____
 Address: _____ City: _____ State: _____
 Telephone: _____ Zip Code: _____
 E-Mail Address: _____
2. Applicant's Name: _____
 Address: _____ City: _____ State: _____
 Telephone: _____ Zip Code: _____
 E-Mail Address: _____
3. Applicant's interest in property [Owner, Buyer, Representative, etc.] _____
4. Property address and nearest cross street: _____
5. Assessor's Parcel Number[s]: _____
6. Current Zoning: _____
7. If certificates are requested, indicate how many: _____
8. Chain of Title Provided: Yes No If no, state type of documentation provided: _____

NOTE: Please refer to Monterey County Code Title 19 Sections 19.14.045, .050, and/or .055 (Inland) or 19.14.041, .045, and/or .050 (Coastal) for regulations pertaining to Parcel Legality and Certificates of Compliance by [Clicking Here](#)

I/We state that, as the owner[s] or agent for owner[s] for the parcel legality application, I/we have read the complete application and know the contents herein. I/We declare under penalty of perjury that the information contained in this application including the documents submitted herewith are true and correct to the best of my/our knowledge.

Dated: _____ at _____, California
I declare under penalty that I am authorized by the owner[s] of the described property to make this application.

Owner's Name [Please Print or Type] _____ Agent's Name [Please Print or Type] _____

Owner's Signature _____ Agent's Signature _____

For Department Use Only

File Number: _____ Planner Assigned: _____

Area Plan/Land Use Plan: _____ Lot Number (i.e.: 1 of 2) _____

Verified by CA Coastal Commission? Yes No by phone by email by mail Date: _____

Legal Lot: Yes No Zoning Prior to Creation of Parcel: _____

Unconditional Certificate Date Filed: _____ Document Number: _____

Conditional Certificate Date Filed: _____ Document Number: _____

Alleged Subdivision Violation: Date Referred to Hearing Body: _____

Comments: _____

Application Given Out By: _____ Date: _____

Application Received By: _____ Date: _____