

CERTIFICATE OF COMPLIANCE APPLICATION SUPPLEMENTAL FORM

INFORMATION:

An online **DRP - Base Application - Permits and Reviews** must be completed via EPIC-LA (<https://epicla.lacounty.gov>). Incomplete applications will not be accepted. Please refer to "File An Application" (planning.lacounty.gov/how-do-i/file-an-application).

Applicants are advised to consult with planning staff prior to applying at **213-974-6411** or info@planning.lacounty.gov.

Complete all sections (typed/legibly printed by hand) and upload this form and required documents to the Base Application. See the Certificate of Compliance Checklist for required materials.

Applicant Name	Subject property (Assessor's Parcel Number[s])
-----------------------	---

VIOLATION NO. (IF APPLICABLE)

PARCEL SIZE (Square Feet or Acres)

OWNER'S CONSENT

I hereby certify under penalty of perjury that I have read the information below and that:

1. I understand that the Department of Regional Planning urges that I contact my title company for a review of my preliminary title report, to see if a Certificate of Compliance has already been issued for my property. If I apply without doing such a title search and this Department's research indicates that a certificate of Compliance has already been issued for my property, I will be entitled to only a partial (40%) refund of my application fees; and
2. **I understand that If my parcel was created on or after March 4, 1972, a Conditional Certificate of Compliance will be issued for your property. A condition will require you to obtain a parcel map prior to the Certificate of Compliance becoming effective;and**
3. **I understand that the wet signature page of the Certificate of Compliance application must be mailed to Regional Planning as requested by staff. The Certificate of Compliance will not be recorded without the original signature(s).**

REQUIRED SIGNATURE(S)

I, the owner of the subject property, have read, understand and consent to the submission of this application:

SIGNATURE (REQUIRED Owner)

PRINT NAME

DATE

Staff Use Only				
C.C:		Intake Planner:		
Zone:	Zoned District:	Effective Date:	Zone (Previous):	Sup. Dist.:
Date of Creation	Number of Parcels:	How Created:		
Pending/Previous Case History:				

**RECORDING REQUESTED BY**

Department of Regional Planning
320 West Temple Street
Room 1360, Hall of Records
Los Angeles, California 90012

AND WHEN RECORDED MAIL TO

Name: _____

Street: _____

City: _____

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

CERTIFICATE OF COMPLIANCE

REQUEST FOR CERTIFICATE OF COMPLIANCE

I/We the undersigned owner(s) of record in the following described property within the unincorporated territory of the County of Los Angeles, hereby REQUEST the County of Los Angeles to determine if said property described below complies with the provisions of the Subdivision Map Act (sec. 66410 et seq., Government Code, State of California) and the Los Angeles Code, Title 21 (Subdivisions)

Signature_____
Signature_____
Signature_____
Name & Title (Typed or Printed)_____
Name & Title (Typed or Printed)_____
Name & Title (Typed or Printed)_____
Date_____
Date_____
Date

LEGAL DESCRIPTION

See Attached Exhibit "A"

EXHIBIT “A” LEGAL DESCRIPTION