

ENTITLEMENT APPLICATION REQUEST FOR PUBLIC STREETS AND EASEMENTS VACATION

EXISTING PARCEL AND PROPERTY OWNER INFORMATION:

All fields must be completed in typed format.

(Fields will expand as data is entered)

Existing Parcel 1:	
Assessor's Parcel Number:	
Parcel Street Address:	
Owner's Name(s):	
Street Address:	
City, State, and Zip:	
Daytime Phone:	
Email:	
Existing Parcel 2:	
Assessor's Parcel Number:	
Parcel Street Address:	
Owner's Name(s):	
Street Address:	
City, State, and Zip:	
Daytime Phone:	
Email:	
Existing Parcel 3:	
Existing Parcel 3: Assessor's Parcel Number:	
_	
Assessor's Parcel Number:	
Assessor's Parcel Number: Parcel Street Address:	
Assessor's Parcel Number: Parcel Street Address: Owner's Name(s):	
Assessor's Parcel Number: Parcel Street Address: Owner's Name(s): Street Address:	
Assessor's Parcel Number: Parcel Street Address: Owner's Name(s): Street Address: City, State, and Zip:	
Assessor's Parcel Number: Parcel Street Address: Owner's Name(s): Street Address: City, State, and Zip: Daytime Phone:	
Assessor's Parcel Number: Parcel Street Address: Owner's Name(s): Street Address: City, State, and Zip: Daytime Phone: Email:	
Assessor's Parcel Number: Parcel Street Address: Owner's Name(s): Street Address: City, State, and Zip: Daytime Phone: Email: Existing Parcel 4:	
Assessor's Parcel Number: Parcel Street Address: Owner's Name(s): Street Address: City, State, and Zip: Daytime Phone: Email: Existing Parcel 4: Assessor's Parcel Number:	
Assessor's Parcel Number: Parcel Street Address: Owner's Name(s): Street Address: City, State, and Zip: Daytime Phone: Email: Existing Parcel 4: Assessor's Parcel Number: Parcel Street Address:	
Assessor's Parcel Number: Parcel Street Address: Owner's Name(s): Street Address: City, State, and Zip: Daytime Phone: Email: Existing Parcel 4: Assessor's Parcel Number: Parcel Street Address: Owner's Name(s):	
Assessor's Parcel Number: Parcel Street Address: Owner's Name(s): Street Address: City, State, and Zip: Daytime Phone: Email: Existing Parcel 4: Assessor's Parcel Number: Parcel Street Address: Owner's Name(s): Street Address:	

CIVIL ENGINEERING/LAND SURVEYING FIRM INFORMATION:

The Public Street or Easement Vacation shall be prepared, signed, and stamped by a person licensed to practice land surveying in the State of California.

(Fields will expand as data is entered)

Name of Firm:	
Street Address:	
City, State, and Zip:	
Contact Person:	
Daytime Phone:	
Email:	

PROJECT DESCRIPTION:

State why the Public Street or Easement Vacation is being requested. (Field will expand as data is entered)

JUSTIFICATION STATEMENT:

State why the Public Street or Easement Vacation should be approved.

(Field will expand as data is entered)

OWNER AFFIDAVIT:

Signatures of all property owners are required; an owner-in-escrow is not acceptable.

We,,,,		
hereby declare that:		
We are the owner(s) of the property described herein and hereby give authorization for the filing of this application;		
We do, by our signature(s) on this agreement, absolve the City of S deed restrictions that may be applicable to the property described		
All encumbrances on the subject property are shown on the submitted site plan (or are attached on a separate sheet), that the purpose of all encumbrances (and ownership of all easements) is stated, and in the case of a tentative map, that the property involved in this application is free from all encumbrances that would conflict with the project application, particularly dedications of the right to further subdivide to the County of Los Angeles or City of Santa Clarita;		
In the event that the City of Santa Clarita incurs greater expense in by the standard processing fee; we will be responsible for payment be issued, nor occupancy granted, until all expenses have been pa	of such expenses and that permits will not	
We hereby grant the City of Santa Clarita admittance to the subjet he project application.	ect property as necessary for processing of	
We declare, under penalty of perjury, that the foregoing statemen information herewith submitted, are in all respects true and correct	ts and answers herein contained, and the et to the best of our knowledge and belief.	
(Type name of company/corporation/partnership/agenc	ry - leave blank for all others)	
	Date:	
(Grantor signs and dates here)		
(Type Grantor's name and title here)		
(Grantor signs and dates here)		
(Type Grantor's name and title here)		
	Date:	
(Grantor signs and dates here)		
(Type Grantor's name and title here)		
(Grantor signs and dates here)	Date:	
(Type Grantor's name and title here)		
	Date:	
(Grantor signs and dates here)		

(Type Grantor's name and title here)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California	J	
County of	J	
On before me,	Name of Notar	, Notary Public,
personally appeared		
	Name(s) of Signe	r(s)
who proved to me on the basis of satisfactory to the within instrument and acknowledged t authorized capacity(ies), and that by his/her/ entity upon behalf of which the person(s) act	o me that he/ their signatu	re(s) on the instrument the person(s), or the
	1	certify under PENALTY OF PERJURY under the aws of the State of California that the foregoing paragraph is true and correct.
		WITNESS my hand and official seal.
N. W. Goldle	Signature	e Signature of Notary Public
Place Notary Seal Above		
		L
Though the information below is not require could prevent fraudulent rem	ed by Iaw, it may oval and reattac	prove valuable to person relying on the document and Inment of this form to another document.
Description of Attached Document		
Title or type of Document:		
Document Date:	Number of Pa	ıges:
Signer(s) Other Than Named Above:		
Capacity(ies) Claimed by Signer(s)		
Signer's Name:	S	igner's Name:
☐ Individual] Individual
☐ Corporate OfficerTitle(s):		Corporate Officer Title(s):
☐ Partner ☐ Limited ☐ General] Partner − □ Limited □ General
☐ Attorney-in Fact RIGHT THUMBP SIGNER		Attorney-in Fact RIGHT THUMBPRINT OF SIGNER
☐ Trustee Top of thumb		Trustee Top of thumb here
☐ Guardian or Conservator		Guardian or Conservator
☐ Other:] Other:
Signer Is Representing:	Si	igner Is Representing:

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California	1
County of	_ }
	, Notary Public,
personally appeared	(s) of Signer(s)
to the within instrument and acknowledged to me	ence to be the person(s) whose name(s) is/are subscribed that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the secuted the instrument.
	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
	WITNESS my hand and official seal.
S. S. Natarri Carl About	ignature Signature of Notary Public
Though the information below is not required by la	IONALaw, it may prove valuable to person relying on the document and and reattachment of this form to another document.
Description of Attached Document	
Title or type of Document:	<u> </u>
Document Date:Numb	per of Pages:
Signer(s) Other Than Named Above:	<u> </u>
Capacity(ies) Claimed by Signer(s)	
Signer's Name:	Signer's Name:
☐ Individual	 ☐ Individual
☐ Corporate OfficerTitle(s):	Corporate Officer Title(s):
☐ Partner ☐ Limited ☐ General	□ Partner – □ Limited □ General
☐ Attorney-in Fact RIGHT THUMBPRINT OF SIGNER	☐ Attorney-in Fact RIGHT THUMBPRINT OF SIGNER
Trustee Top of thumb here	☐ Trustee Top of thumb here
☐ Guardian or Conservator	☐ Guardian or Conservator
☐ Other:	☐ Other:
Signer Is Representing:	Signer Is Representing: