

RECORDING REQUESTED BY:

City of Santa Clarita
Engineering Services Division
23920 Valencia Boulevard, Suite 140
Santa Clarita, CA 91355

WHEN RECORDED MAIL TO:

Mary Cusick, City Clerk
City of Santa Clarita
23920 Valencia Boulevard, Suite 120
Santa Clarita, CA 91355

Space above this line for Recorder's use

TITLE(S)

**CERTIFICATE OF COMPLIANCE
FOR
LOT LINE ADJUSTMENT NO. LLA INSERT NO.**

RECORDING REQUESTED BY:

City of Santa Clarita
Engineering Services Division
23920 Valencia Boulevard, Suite 140
Santa Clarita, CA 91355

WHEN RECORDED MAIL TO:

Mary Cusick, City Clerk
City of Santa Clarita
23920 Valencia Boulevard, Suite 120
Santa Clarita, CA 91355

Recording Fee: \$ _____

Space above this line for Recorder's use

APN NO(S): _____

**CERTIFICATE OF COMPLIANCE
FOR
LOT LINE ADJUSTMENT NO. LLA INSERT NO.**

I/WE, THE UNDERSIGNED OWNER(S) OF RECORD OF THE REAL PROPERTY LOCATED IN THE CITY OF SANTA CLARITA, COUNTY OF LOS ANGELES, STATE OF CALIFORNIA, HEREBY REQUEST TO ADJUST EXISTING PROPERTY LINES OF THE PARCELS AS DESCRIBED IN THE ATTACHED EXHIBIT "A" AND SHOWN IN THE ATTACHED EXHIBIT "B;"

NUMBER OF EXISTING PARCELS FOR WHICH THIS CERTIFICATE IS BEING ISSUED: (4 OR LESS)

- | | |
|---|-------------------------------------|
| 1. ASSESSORS PARCEL NO. <u>INSERT APN</u> | OWNER(S) <u>INSERT OWNER'S NAME</u> |
| 2. ASSESSORS PARCEL NO. <u>INSERT APN</u> | OWNER(S) <u>INSERT OWNER'S NAME</u> |
| 3. ASSESSORS PARCEL NO. <u>INSERT APN</u> | OWNER(S) <u>INSERT OWNER'S NAME</u> |
| 4. ASSESSORS PARCEL NO. <u>INSERT APN</u> | OWNER(S) <u>INSERT OWNER'S NAME</u> |

INSERT NAME OF COMPANY/CORPORATION/PARTNERSHIP, DELETE FOR ALL OTHERS

INSERT OWNER'S NAME AND TITLE

DATE: _____

INSERT OWNER'S NAME AND TITLE

DATE: _____

INSERT OWNER'S NAME AND TITLE

DATE: _____

INSERT GRANTOR'S NAME AND TITLE

DATE: _____

SECTION 66412(D) OF THE CALIFORNIA SUBDIVISION MAP ACT STATES: "THE LOT LINE ADJUSTMENT SHALL BE REFLECTED IN A DEED, WHICH SHALL BE RECORDED." THIS LOT LINE ADJUSTMENT DOES NOT BECOME EFFECTIVE, NOR WILL IT BE REFLECTED ON ASSESSOR'S PARCEL MAPS UNTIL THE REQUIRED GRANT DEEDS HAVE BEEN RECORDED.

EACH GRANT DEED SHALL INCLUDE A LEGAL DESCRIPTION WHICH ACCURATELY REFLECTS THE HEREIN LEGAL DESCRIPTIONS AND SHALL REFERENCE THE RECORDING INFORMATION FOR THIS CERTIFICATE OF COMPLIANCE FOR LOT LINE ADJUSTMENT.

PROPERTY OWNERS ARE ADVISED TO NOTIFY THEIR LENDERS PRIOR TO RECORDING GRANT DEEDS

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 }
County of _____ }

On _____ before me, _____, Notary Public,
Date Name of Notary
personally appeared _____
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed 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.

Place Notary Seal Above

Signature _____
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to person relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- Individual
- Corporate Officer -- Title(s): _____
- Partner -- Limited General
- Attorney-in Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____

Signer's Name: _____

- Individual
- Corporate Officer -- Title(s): _____
- Partner -- Limited General
- Attorney-in Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT OF
SIGNER

Top of thumb here

RIGHT THUMBPRINT OF
SIGNER

Top of thumb here

EXHIBIT "A"
LEGAL DESCRIPTION

**CERTIFICATE OF COMPLIANCE FOR LOT LINE ADJUSTMENT NO. LLA INSERT NO.
IN THE CITY OF SANTA CLARITA, COUNTY OF LOS ANGELES, STATE OF CALIFORNIA**

LOT 1:

NOTE: THIS SHEET IS FOR SAMPLE PURPOSES ONLY. THE LEGAL DESCRIPTION MUST BE STAMPED AND SIGNED BY A PERSON LICENSED TO PRACTICE LAND SURVEYING IN THE STATE OF CALIFORNIA.

REPLACE THE PREVIOUS PARAGRAPH WITH THE ACTUAL LEGAL DESCRIPTION FOR LOT 1

THE FOLLOWING STATEMENT SHALL BE PLACED AFTER THE ACTUAL LEGAL DESCRIPTION. ALL BLANKS MUST BE FILLED IN PRIOR TO RECORDATION

THE ABOVE DESCRIBED PARCEL IS HEREINAFTER TO BE KNOWN AS LOT ____ OF THIS CERTIFICATE OF COMPLIANCE FOR LOT LINE ADJUSTMENT; BEING A SINGLE LOT CONTAINING ____ ACRES OF LAND, MORE OR LESS, IN CONFORMANCE WITH SECTION 66412(D) OF THE SUBDIVISION MAP ACT.

LOT 2:

NOTE: THIS SHEET IS FOR SAMPLE PURPOSES ONLY. THE LEGAL DESCRIPTION MUST BE STAMPED AND SIGNED BY A PERSON LICENSED TO PRACTICE LAND SURVEYING IN THE STATE OF CALIFORNIA. THE FOLLOWING STATEMENT SHALL BE PLACED AFTER THE LEGAL DESCRIPTION; ALL BLANKS MUST BE FILLED IN PRIOR TO RECORDATION.

REPLACE THE PREVIOUS PARAGRAPH WITH THE ACTUAL LEGAL DESCRIPTION FOR LOT 2

THE FOLLOWING STATEMENT SHALL BE PLACED AFTER THE ACTUAL LEGAL DESCRIPTION. ALL BLANKS MUST BE FILLED IN PRIOR TO RECORDATION

THE ABOVE DESCRIBED PARCEL IS HEREINAFTER TO BE KNOWN AS LOT ____ OF THIS CERTIFICATE OF COMPLIANCE FOR LOT LINE ADJUSTMENT; BEING A SINGLE LOT CONTAINING ____ ACRES OF LAND, MORE OR LESS, IN CONFORMANCE WITH SECTION 66412(D) OF THE SUBDIVISION MAP ACT.

REPEAT FOR EACH ADJUSTED LOT

EXHIBIT "B"
EXHIBIT MAP

**CERTIFICATE OF COMPLIANCE FOR LOT LINE ADJUSTMENT NO. LLA INSERT NO.
IN THE CITY OF SANTA CLARITA, COUNTY OF LOS ANGELES, STATE OF CALIFORNIA**

NOTE: THIS SHEET IS FOR SAMPLE PURPOSES ONLY THE EXHIBIT MAP MUST BE STAMPED AND SIGNED BY A PERSON LICENSED TO PRACTICE LAND SURVEYING IN THE STATE OF CALIFORNIA.

**CERTIFICATE OF COMPLIANCE
FOR
LOT LINE ADJUSTMENT NO. LLA INSERT NO.**

NOTICE

THIS CERTIFICATE RELATES ONLY TO ISSUES OF COMPLIANCE OR NONCOMPLIANCE WITH THE SUBDIVISION MAP ACT AND LOCAL ORDINANCES ENACTED PURSUANT THERETO. THE PARCEL(S) DESCRIBED HEREIN MAY BE SOLD, LEASED, OR FINANCED WITHOUT FURTHER COMPLIANCE WITH THE SUBDIVISION MAP ACT, OR ANY LOCAL ORDINANCE ENACTED PURSUANT THERETO. DEVELOPMENT OF THE PARCEL(S) MAY REQUIRE ISSUANCE OF A PERMIT OR PERMITS, OR OTHER GRANT OR GRANTS OF APPROVAL.

CITY PLANNER'S STATEMENT

I HEREBY STATE THAT I HAVE REVIEWED THE DIVISION OF REAL PROPERTY AS DESCRIBED HEREIN AND FOUND IT TO BE IN CONFORMANCE WITH THE CURRENT CITY OF SANTA CLARITA ZONING ORDINANCE AND GENERAL PLAN.

PATRICK LECLAIR
SENIOR PLANNER, CITY OF SANTA CLARITA

DATE: _____

CITY ENGINEER/SURVEYOR'S STATEMENT

PURSUANT TO THE PROVISIONS OF THE SUBDIVISION MAP ACT (SEC. 66410 ET. SEQ., GOVERNMENT CODE, STATE OF CALIFORNIA) AND THE CITY OF SANTA CLARITA UNIFIED DEVELOPMENT CODE, I HEREBY STATE THAT I HAVE REVIEWED THE DIVISION OF REAL PROPERTY AS DESCRIBED HEREIN AND FOUND IT TO BE IN COMPLIANCE WITH THE APPLICABLE PROVISIONS OF THE SUBDIVISION MAP ACT AND OF THE CITY OF SANTA CLARITA UNIFIED DEVELOPMENT CODE.

DAMONL. LETZ, RCE 40872
CITY ENGINEER, CITY OF SANTA CLARITA
LICENSE EXPIRES: 3/31/23

DATE: _____

SHANNON L. PICKETT, PLS 7956
CITY SURVEYOR, CITY OF SANTA CLARITA
LICENSE EXPIRES: 12/31/23

DATE: _____

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

County of _____

On _____ before me, _____
(Insert name and title of the Officer)

personally appeared _____,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed 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.

Signature _____ (Seal)