



**DEPARTMENT OF PUBLIC WORKS
COUNTY OF HUMBOLDT**
MAILING ADDRESS: 1106 SECOND STREET, EUREKA, CA 95501-0579
AREA CODE 707

Public Works Building
Second & L St., Eureka
Fax 445-7409

Clark Complex
Harris & H St., Eureka
Fax 445-7388

On-line
Web: humboldtgov.org

Administration	445-7491	Natural Resources	445-7741
Business	445-7652	Natural Resource Planning	267-9542
Engineering	445-7377	Parks	445-7651
Facility Management	445-7621	Roads	445-7421

Land Use 445-7205

APPLICATION FOR WAIVER OF PARCEL MAP
(SECTION 326.34 HUMBOLDT COUNTY CODE: SUBDIVISION ORDINANCE)

APPLICANT (Name) _____
(Billing address/city/state/zip) _____

LIST OWNERS _____

ASSESSOR'S PARCEL NUMBERS OF PROPERTIES INVOLVED _____

SURVEYOR REPRESENTING APPLICANT _____

DATE _____

Attach a letter addressed to the county surveyor to request a parcel map waiver. Required criteria:

- Provide information establishing how filing a Parcel Map will constitute an undue hardship.
- Explain how absence of survey data (from not filing a Parcel Map) will not be detrimental to future owners of the lots created -or-
- Abundance of survey data exists of record that the survey and preparation of a parcel map is an unnecessary expense; parcels can be conveyed by metes and bounds descriptions. Provide information from one or more existing surveys, highlighting relationship to requested waiver property.

When returning this application, include:

- 1) Copy of approved tentative subdivision map
- 2) Title report no older than 6 months when submitted (can provide after approval).
- 3) Fee per current fee schedule (payable at time of application) – FEE IS NOT REFUNDABLE

Pursuant to Section 326-34 of the County Code, you will be notified within twenty (20) working days if the parcel map waiver is approved or denied.

If approved, the following will need to be submitted: an instrument of waiver, to be recorded. Any requirements for the construction of reasonable off-site and on-site improvements for a lot being created by the proposed division of land shall be set forth in this instrument.

[Office use only] Application Number _____

Billing Code _____