



City of Del Mar  
 Department of Planning and Community Development  
 1050 Camino del Mar  
 Del Mar, CA 92014

Phone: 858-755-9313 Fax: 858-755-2794  
 Hours: M-TH 1:00 pm – 5:30 pm  
 FRI 1:00 pm – 4:30 pm  
[www.delmar.ca.us](http://www.delmar.ca.us)

Submittal Date: \_\_\_\_\_ Planner: \_\_\_\_\_  
 Fees: PL: \_\_\_\_\_ ENG: \_\_\_\_\_ Receipt No.: \_\_\_\_\_  
 ED No.: \_\_\_\_\_ Related Projects: \_\_\_\_\_

## Final and Parcel Map Application

### APPLICATION:

Project Address: \_\_\_\_\_  
 Assessor's Parcel No(s). \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Overlay Zone \_\_\_\_\_  
 Map No. (TM or TPM): \_\_\_\_\_  
 Date TM or TPM was approved by the City Council: \_\_\_\_\_

### APPLICANT:

Applicant(s): \_\_\_\_\_  
 Owner  Owner's Agent  Contractor  Licensed Architect  Licensed Engineer  Other:  
 Business License No.: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City / State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No(s): \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Signature(s): \_\_\_\_\_

### OWNER (if not primary applicant listed above):

Owner: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City / State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No(s): \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Signature(s)  
(authorizing applicant to submit application):

### APPLICANT'S REPRESENTATIVE (if applicable):

Applicant's Representative: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City / State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No(s): \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_

### AUTHORIZATION (plan set copies):

I acknowledge that plan sets may be reproduced and distributed to City representatives and members of the public for project review purposes only.  
 Signature: \_\_\_\_\_