

**Mono County  
Community Development Department**

P.O. Box 347  
Mammoth Lakes, CA 93546  
(760) 924-1800, fax 924-1801  
commdev@mono.ca.gov

**Planning Division**

P.O. Box 8  
Bridgeport, CA 93517  
(760) 932-5420, fax 932-5431  
www.monocounty.ca.gov

**RECORDED MAP  
MODIFICATION APPLICATION**

APPLICATION # _____	FEE PAID \$ _____
DATE RECEIVED _____	RECEIVED BY _____
RECEIPT # _____	CHECK # _____ (NO CASH)

**APPLICANT/AGENT** \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**MODIFICATION DESCRIPTION:** Describe the proposed modification in detail, using additional sheets if necessary. NOTE: An incomplete or inadequate project description may delay processing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPERTY DESCRIPTION:**

Assessor's Parcel # \_\_\_\_\_ Total Acres \_\_\_\_\_

General Plan Land Use Designation \_\_\_\_\_

Domestic Water Source and/or Supplier \_\_\_\_\_

Method of Sewage Disposal \_\_\_\_\_

Present Use of Parcel \_\_\_\_\_

Proposed Use of Parcel \_\_\_\_\_

**APPLICATION PACKET SHALL INCLUDE:** Proposed map amendment, required filing fees listed on Development Fee Schedule (same as the original map application fees), and other background materials.

I CERTIFY UNDER PENALTY OF PERJURY THAT I am:  legal owner(s) of the subject property (all individual owners must sign as their names appear on the deed to the land),  corporate officer(s) empowered to sign for the corporation, or  owner's legal agent having Power of Attorney for this action (a notarized "Power of Attorney" document must accompany the application form), AND THAT THE FOREGOING IS TRUE AND CORRECT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date