

WHEN RECORDED MAIL TO:

City of Hermosa Beach
Community Development Department
Planning Division
1315 Valley Drive
Hermosa Beach, CA 90254

CERTIFICATE OF COMPLIANCE

Request of Certificate of Compliance for Lot Line Adjustment/Certificate of Compliance No._____.

I/we, the undersigned owner(s) of record of real property within the City of Hermosa Beach,
hereby request to adjust existing property lines of the following described parcels:

Signature

Signature

Signature

Name (printed) / Date

Name (printed) / Date

Name (printed) / Date

Signature

Signature

Signature

Name (printed) / Date

Name (printed) / Date

Name (printed) / Date

DESCRIPTION OF NEW PARCELS:

Pursuant to the provisions of the Subdivision Map Act (Sec. 66410 et seq. Government Code, State of California) and the City Subdivision Ordinance (Title 16 of the Hermosa Beach Municipal Code). I hereby certify that I have reviewed the above described division of real property and have found it to be in conformance with all the requirements of the Subdivision Map Act and the City Subdivision Ordinance.

Date:

BY: _____
Director, Community Development Department
City of Hermosa Beach, California

ATTEST:

City Clerk

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

State of California }
County of _____

On _____ before me, _____ ,
Date Here Insert Name and Title of the Officer

personally appeared _____ ,
Names 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 persons 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: _____

RIGHT THUMBPRINT OF SIGNER Top of thumb here

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