



CERTIFICATE OF COMPLIANCE REQUEST

Submit one copy of this application at the Permit Services Section, 633 E. Broadway, Rm. 101, Glendale, California, 91206 along with the required fee. Also, please submit any title history information or other documentation that may assist in processing this request. For more information call 818-548-3200.

Please PRINT or TYPE all information

I/we, the undersigned owner(s) of record of real property within the City of Glendale, County of Los Angeles, hereby request the City of Glendale to determine if said real property described below complies with the provisions of the Subdivision Map Act (Government Code, Section 66410 et seq.) and the City's Subdivision Ordinance (Title 16 of the Glendale Municipal Code, 1995).

Name _____ Signature _____

Address _____

Phone No. _____ Date _____

Name _____ Signature _____

Address _____

Phone No. _____ Date _____

Name _____ Signature _____

Address _____

Phone No. _____ Date _____

Name _____ Signature _____

Address _____

Phone No. _____ Date _____

Legal Description of Real Property _____

Date Property Acquired _____

Assessor's Parcel Number(s) _____

Address of Real Property _____

FOR STAFF USE ONLY

Date received in Permit Services Center _____ Received by _____ Date Stamp _____

Fee paid _____ Receipt No. _____