



8650 California Avenue  
South Gate, Ca 90280  
Phone: (323) 563-9526

**SUPPLEMENT FORM – TENTATIVE TRACT / PARCEL MAP**

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Tentative Parcel Map No. \_\_\_\_\_ Tentative Tract Map No. \_\_\_\_\_

Existing Use including :

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

Proposed Use:

Total # of Residential Lots: \_\_\_\_\_ Total # of Acres: \_\_\_\_\_  
Total # of Commercial Lots: \_\_\_\_\_ Total # of Lots: \_\_\_\_\_  
Total # of Industrial Lots: \_\_\_\_\_

Street Address/Location:

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

Legal Description (All ownership comprising the proposed lots. Attach additional sheets as necessary)

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

Record Owner(s):

Name (s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email \_\_\_\_\_

Subdivider:

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email \_\_\_\_\_

Subdivider's Agent:

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email \_\_\_\_\_

CONSENT: I consent to the submission of the tentative map accompanying this statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_