



CITY OF ENCINITAS
 Development Services Department
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FINAL MAP FEE FORM

Application No.: _____

Date: _____

APPLICATION TYPE

Code Amount

- Final Parcel Map..... PZFP .. _____
- Final Map..... PZFM .. _____

CASHIER'S USE ONLY

Receipt: _____ **Check:** _____ **Date:** _____ **Cashier:** _____ **Total Paid:** _____

Please complete the following:

Project Name: _____

Project Address: _____ APN: _____

APPLICANT

Name: _____ Phone: _____
 (Last, First, Middle Initial or Firm Name)

Address: _____

City _____ State _____ Zip _____

OWNER(S)

Name: _____ Phone: _____
 (Last, First, Middle Initial or Firm Name)

Address: _____

City _____ State _____ Zip _____

ENGINEER / ARCHITECT

Name: _____ Phone: _____
 (Last, First, Middle Initial or Firm Name)

Address: _____

City _____ State _____ Zip _____

 Signature, Owner, or Authorized Agent (Attach letter of authorization)

 Date

 Please Print or Type Signatory's Name