



Community Development Department  
14000 City Center Dr., Chino Hills, CA 91709  
P: (909) 364-2740  
E: communitydevelopment@chinohills.org

CCOR No.: \_\_\_\_\_  
Submittal Date: \_\_\_\_\_  
Accepted By: \_\_\_\_\_

## CERTIFICATE OF CORRECTION

Pursuant to §66469 of the Subdivision Map Act, this application is required for revisions to a Final Map to correct any errors on the subject property.

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company/Business Name (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### PROPERTY OWNER/MANAGEMENT INFORMATION (If different than applicant)

Property  
Owner/Management: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ENGINEER OF RECORD

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company/Business Name (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_ License Number: \_\_\_\_\_

### PROPERTY LOCATION

Address: \_\_\_\_\_  
Assessor Parcel No.: \_\_\_\_\_  
Tract: \_\_\_\_\_ Lot: \_\_\_\_\_

### REASON WHY A CERTIFICATE OF CORRECTION NEEDED

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

**CONTINUED ON NEXT PAGE**

**SUBMITTAL CHECKLIST:**

ALL ITEMS MUST BE INCLUDED AT THE TIME OF SUBMITTAL

- One (1) signed and dated** copy of the “Trust Deposit Account Procedures/ Agreement” Form.
- Fee**
- Three (3) copies and one (1) pdf copy** of the Certificate of Correction
- Three (3) copies and one (1) pdf copy** of Grant Deed
- Three (3) copies and one (1) pdf copy (with active hyperlinks)** of Preliminary Title Report (dated within last 6 months)

**APPLICANT CERTIFICATION**

**I/we certify under penalty of perjury that I/we am/are the Applicant for the project and that, to the best of my/our knowledge, the information contained in this application is true and correct.**

I/we further agree that if any such information proves false or incorrect, the City of Chino Hills shall be released from any liability incurred if the application is approved.

**APPLICANT SIGNATURE(S)**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**PROPERTY OWNER CERTIFICATION**

I/we, the undersigned owner(s) or authorized agent for the person/organization owning the land(s) for which this application is made, state that I/we am/are aware that the application is being filed with the City of Chino Hills Community Development Department, and that, to the best of my/our knowledge, the information contained in this application is true and correct. I/we further agree that if any such information proves false or incorrect, the City of Chino Hills shall be, released from any liability incurred if the application is approved.

When signing on behalf of the owner(s) as an “Authorized Agent”, attach a notarized copy of the Power of Attorney or a notarized letter of authorization.

**PROPERTY OWNER/AUTHORIZED AGENT SIGNATURE(S)**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_