



CITY OF MORGAN HILL

DEVELOPMENT SERVICES CENTER – LAND DEVELOPMENT ENGINEERING

17575 Peak Avenue Morgan Hill CA 95037 (408) 778-6480 Fax (408) 779-7236

Website Address: [www.morgan-hill.ca.gov](http://www.morgan-hill.ca.gov)

**URBAN LOT SPLIT – PARCEL MAP (SB9)  
APPLICATION COMPLETENESS CHECKLIST**

**APPLICATION PURPOSE**

The review of a lot-split of one (1) parcel into to two (2) parcels by PARCEL MAP as allowed by state Senate Bill 9 (SB9) with Planning Division SB9 pre-screening approval.

**SUBMITTAL CHECKLIST**

The following checklist must be completed and submitted with each application. Please check **every** item as either “Y” for items that are included with the application, “N” for items that are not included with the application, or “NA” for items that are not applicable to the application. Items without an “N” checkbox are minimum requirements initially due with the application.

	<u>Y</u>	<u>N</u>	<u>N/A</u>	<b><u>Submittal Item</u> (application will be rejected if items are incomplete)</b>
<b>PS.</b>	<input type="checkbox"/>			Obtain and provide Planning SB9 pre-screening approval
<b>1.</b>	<input type="checkbox"/>			Completed Engineering Review Application
<b>2.</b>	<input type="checkbox"/>			Obtain and provide proof of the services a Title Company or Land Attorney that will facilitate the recordation of the Parcel Map with the Santa Clara County Recorder’s office* *Perfecting deeds of each of the two parcels will need to be recorded with the map; it will be the responsibility of Title or the Land Attorney to generate the deed document sheet for each parcel.
<b>3.</b>	<input type="checkbox"/>			Parcel Map – <b>Two (2)</b> full size sets (size 18” x 26”)
<b>4.</b>	<input type="checkbox"/>			Parcel Descriptions – Provide legal descriptions of each of the two lots to be used for the perfecting deeds.
<b>5.</b>	<input type="checkbox"/>			Closure Calculations – of each lot
<b>6.</b>	<input type="checkbox"/>			Title Report – Preliminary <b><u>report dated not more than 3 months old</u></b>
<b>7.</b>	<input type="checkbox"/>			Title Report Backup Documents <ul style="list-style-type: none"><li>• Copy of the recorded deed</li><li>• Copy of easements and dedications</li><li>• Copy of recorded map</li></ul>
<b>8.</b>	<input type="checkbox"/>			Topographic Survey - <b>One (1) set</b> (24” x 36”) <ul style="list-style-type: none"><li>• Survey of site showing all existing structures located relative to proposed lot line adjustment</li></ul>
<b>9.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copy of adjoining deeds, recorded maps, easements used as reference

10.	<input type="checkbox"/>			Digital copies (include AutoCAD file) of <b>ALL hard copy submittal items above</b> , by download or submitted in a flash drive
11.	<input type="checkbox"/>			<p>Review Fee: <b>\$12,685*</b> <i>Check made payable to City of Morgan Hill</i>  <b>*(Effective 07/01/25, Service No. 91, AC# 206-38712)</b></p> <p><b>Note: (a) the review fee covers three (3) plan reviews; additional fees will be charged at an hourly rate of \$230 per hour, starting with the 4<sup>th</sup> plan review.</b></p> <p><b>(b) Approved review, which resubmits for changes (revisions), are also subject to additional review fees at \$230 per hour.</b></p>

**FINAL SUBMITTAL AND RECORDATION REQUIREMENTS**

1.	<input type="checkbox"/>	Map – <b>One (1)</b> Mylar set signed by owner and Land Surveyor or Registered Civil Engineer with license number below 33966 (licensed before January 1, 1982)
2.	<input type="checkbox"/>	Authorization to record map by Title Company or Land Attorney
3.	<input type="checkbox"/>	Copy of perfecting deed for each of the two lots to be recorded with map
4.	<input type="checkbox"/>	Subdivision Guarantee from Title Company
5.	<input type="checkbox"/>	County Tax Clearance Letter
6.	<input type="checkbox"/>	Title Company or Land Attorney contact information who will facilitate the coordination and recordation of the Parcel Map and perfecting deeds
7.	<input type="checkbox"/>	Digital copies of ALL final submittal items by download or submitted in a flash drive

OFFICE USE ONLY	
Date Received:	
PW File Number:	
Project Address or APN:	