

## INSTRUCTIONS FOR FILING A CERTIFICATE OF COMPLIANCE

### INSTRUCTIONS

Please provide the following documents at the time of appointment:

1. Two (2) copies of the Legal Descriptions of each property in question.
2. **Application.** Must have a completed application with notarized signatures.
3. **Title Report.** A Preliminary Title Report dated within 90 days of filing.
4. **Plot Plan.** A legible plot plan showing the dimensions of existing parcel boundaries (as supported by submitted documentation), building(s) envelopes and setbacks. The plan should be drawn to scale, dated and titled on 8 1/2" x 11" size paper.
5. Information necessary to substantiate a finding that the lot(s) conform(s) to the Subdivision Map Act and local ordinances pursuant thereto. Such information may include: chain of title; evidence of prior subdivision or parcel map approval; an official map prepared pursuant to Section 66499.52 (b) of the Subdivision Map Act; recorded deeds or other evidence relevant to the division of the property in question.
6. **Environmental.** A Certificate of Compliance is typically a "ministerial action" under the California Environmental Quality Act (CEQA) and does not require that additional environmental information be submitted with this application.
7. **Fees.** An application fee (see fee schedule). Checks payable to City of San Jose.

### PROCESSING SCHEDULE

#### Planning Staff:

- Logs in application, assigns File Number (CT xx-yy-zzz) and collects application fees.
- Checks application to confirm that each owner who is a party to the request has signed.
- Reviews application with other City Departments and obtains any pertinent data.
- Reviews information provided by applicant to determine legality of parcel.
- When necessary, makes field inspection.
- Prepares a recommendation to the Director of Planning.

#### Director of Planning & Public Works:

- Director of Planning reviews the recommendation and issues a Certificate of Compliance or a Conditional Certificate of Compliance.
- Signs the Certificate of Compliance, then the Certificate is forwarded to the Director of Public Works for signature.
- If approved, a letter is sent to the applicant/property owner(s). The letter is to inform them that the Certificate of Compliance was issued and now is ready for recordation.

The Certificate of Compliance is required to be recorded at the County Recorder. An "endorsed" copy of the recorded document is required to be returned by applicant to the Planning Division.

### ADDITIONAL INFORMATION

A Conditional Certificate of Compliance may be issued to require alterations and/or public improvements necessary to bring the lot(s) into conformity with the State Subdivision Map Act and City ordinances prior to the issuance of any future construction permits.

This application is accepted by **APPOINTMENT ONLY**. To arrange an appointment, please visit the Planning Division's website: <http://www.sanjoseca.gov/index.aspx?nid=1725>. For assistance, call (408) 535-3555



**CITY OF SAN JOSE**  
 Planning, Building and Code Enforcement  
 200 East Santa Clara Street  
 San José, CA 95113-1905  
 tel (408) 535-3555  
 Website: [www.sanjoseca.gov/planning](http://www.sanjoseca.gov/planning)

## CERTIFICATE OF COMPLIANCE APPLICATION

TO BE COMPLETED BY PLANNING STAFF			
FILENUMBER <b>CT</b>		COUNCIL DISTRICT	RECEIPT#: _____
QUAD #	ZONING DISTRICT	GENERAL PLAN DESIGNATION	DATE: _____
LOCATION			AMOUNT: _____
			BY: _____

TO BE COMPLETED BY APPLICANT (PLEASE PRINT OR TYPE)			
EXISTING LAND USE	ACREAGE	ASSESSOR'S PARCEL NUMBER(S)	
NAME OF PROPERTY OWNER			DAYTIME TELEPHONE # (    )
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE (NOTARIZED)  <i>wet/original signatures required. Digital or scanned copy of signatures will NOT be accepted.</i>			DATE
If there are additional property owners, please attach a separate sheet to provide the above information.			

CONTACT PERSON			
The following person has been designated the representative/contact person for the purpose of the processing and coordinating this application:			
NAME			
ADDRESS	CITY	STATE	ZIP CODE
NAME OF FIRM, IF APPLICABLE			
DAYTIME TELEPHONE # (    )	FAX NUMBER (    )	E-MAIL ADDRESS	

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