#### **Mono County Community Development Department**

P.O. Box 347 Mammoth Lakes, CA 93546 (760) 924-1800, fax 924-1801 commdev@mono.ca.gov

#### **Planning Division**

P.O. Box 8 Bridgeport, CA 93517 (760) 932-5420, fax 932-5431 www.monocounty.ca.gov

APPLICATION	APPLICATION # FEE \$           DATE RECEIVED RECEIVED BY           RECEIPT # CHECK # (NO CASH)
APPLICANT/AGENT VINCENT B	
address 120186 11 wy 395cit telephone (766) 937-1187 e-m	WAIL / NYOVINY YAhoo. C
OWNER, if other than applicant	·
ADDRESS CIT	Y/STATE/ZIP
sufficient detail to verify conformance with Plot Plan must illustrate the following item lot areas; (b) existing surface and subsurface septic system and well locations; (d) streasements and access routes; and (f) a information (such as compliance with materials pertinent to review and approval of the app B. Appropriate application fee: See Development	oreferably on 8.5" x 11" (maximum size 11" x es the lot merger. The Plot Plan must contain existing zoning and building regulations. The as where applicable: (a) existing and proposed acce structures and improvements; (c) existing reams and waterways; (e) existing/proposed any unusual topographic features or other inimum setback requirements) that may be olication.
C. Signed Lot Merger Notice form.  I/We certify that I/we are the owners of the subject by the owners to process this application.  Signature  Signature	ct property or that I/we have been authorized  10-25-20  Date

# RECORDING REQUESTED BY

Community Development Department

## AND WHEN RECORDED MAIL TO:

Mono County Planning Division P.O. Box 8 Bridgeport CA 93517

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

# LOT MERGER NOTICE FOR REAL PROPERTY IN MONO COUNTY

PARCELS TO BE MERGED: Assessor's Parcel Numbers and/or deed reference.

14000000	is rarcel Numbers and/or deed refere:	nce.
001-200-008-000	601-200-009-	
SIGNATURE OF RECORD TITLE Of owners must sign below, and their signatures must be notarized.	WNERS: This document will be recorgnatures must appear as reflected on	
I/we hereby attest by my/our sign owner/owners of the above-reference consists of two or more continuous understand that recordation of this M into one parcel and that further action subject to applicable provisions of the	lerger Notice shall cause the subject p	that said property hip and that I/we
I/we hereby attest by our signature( requesting that the County record the protest hearing to present evidence as by our signature hereon I/we undershearing.	(s) hereon that I/we have initiated the sis Merger Notice; therefore, I/we do so so to why this Merger Notice should not stand and expressly waive any and a	not wish to have a
VINCENT J. Billeci Name	Notarized signature	7-24-20
Name	Notarized signature	Date
Name	Notarized signature	Date
Name	Notarized signature	Date
<b>COUNTY APPROVAL</b> : This Merger Noti Planning Division.	ce has been reviewed and approved by	the Mono County
COUNTY APPROVAL: This Merger Notice Planning Division.  ATTEST: Signature	ce has been reviewed and approved by	the Mono County

### **NEVADA NOTARY ACKNOWLEDGMENT**

THE STATE OF NEVAL
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**COUNTY OF DOUGLAS** 

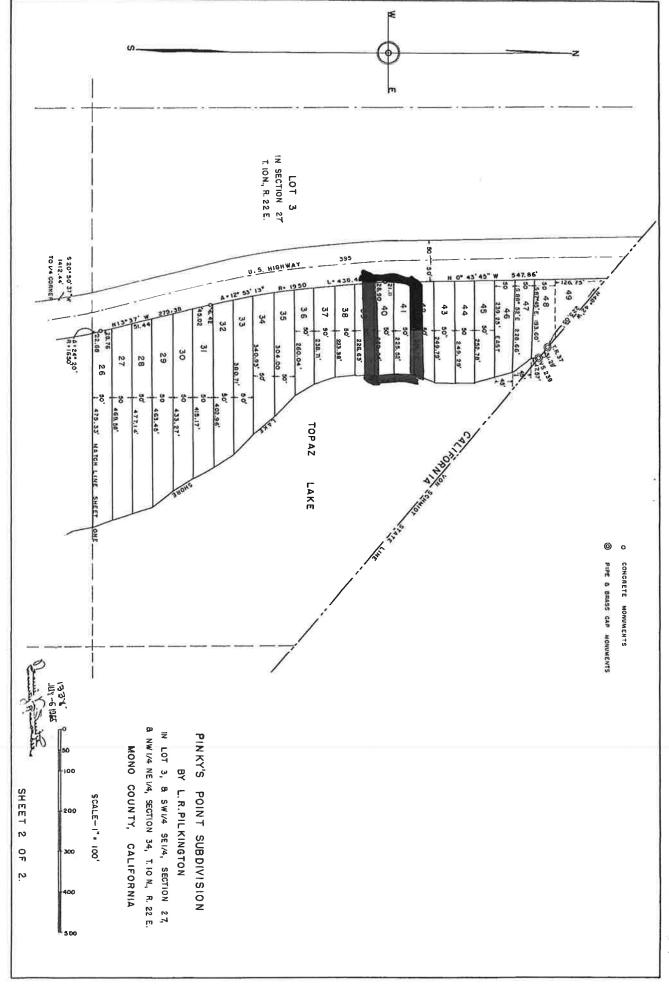
This instrument was acknowledged before me on 7.24.2020 (date) by Vincent John Billeci.

Notary Public Signature

Print Homber Coen
Title Notary

AMBER COEN

(Seal)



Box 1 pm 48x

