



**APPLICATION  
ASSESSMENT  
APPORTIONMENT  
E-20**

*Development Services*  
**Land Development Engineering**  
1635 Faraday Avenue  
760-602-2750  
www.carlsbadca.gov

Please complete the application in full. Refer to the attached instructions for assistance.

**Return completed form to:**  
CITY OF CARLSBAD  
Development Services  
Engineering Counter  
1635 Faraday Avenue  
Carlsbad, CA 92008

\_\_\_\_\_  
*Owner/Engineer* \_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Assessment District Name and Number*

\_\_\_\_\_  
*Project Description*

Call the NBS Government Finance Group at (800) 676-7516 for District and/or Project Information

Original APN(S)	Legal Description	Original Assessment Amount(s)

Purpose (Please check one)	
<input type="checkbox"/>	Subdivision Map No.:
<input type="checkbox"/>	Parcel Map No.:
<input type="checkbox"/>	Lot Line Adjustment No.:
<input type="checkbox"/>	Parcel Map Waiver No.:

Fee Schedule
<b>Tract Map Apportionment</b> (five or more parcels) per CMC Title 20:  (See the Fee Schedule attached)
<b>Parcel Map Apportionment</b> (four or less parcels) per CMC Title 20:  (See the Fee Schedule attached)

<b>Number of new parcels:</b>
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The undersigned, being the owner or interested party in property as set forth below, hereby requests the City of Carlsbad to apportion the amount remaining unpaid on the above assessment(s) in accordance with the provisions of Part 10.5 of the "Improvement Bond Act of 1915" or Part 5, Chapter 5.5 of the "Improvement Act of 1911", and said assessment is to be apportioned to each separate part of the original lot or parcel of land, the apportionate part of the amount remaining unpaid on the assessment that would have been levied thereon had the lot or parcel been so divided at the time of the original confirmation of assessment.

\_\_\_\_\_  
*Applicant's Signature* \_\_\_\_\_  
*Date*

**IMPORTANT: TWO COPIES OF THE FINAL MAP OR ADJUSTMENT PLAT (18" x 26" BLUELINE & 8 1/2" x 11" REDUCTION) MUST BE PROVIDED TO BE USED AS THE BASIS FOR THE AMENDED ASSESSMENT DIAGRAM.**



**INSTRUCTIONS**  
**ASSESSMENT**  
**APPORTIONMENT**  
**E-20**

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1. Print or type all information on this form.
2. Enter the *Owner/Engineer name, Address and Phone Number*.
3. Enter the *Assessment District Name and Number and Project Description*. If you need this information, please call the NBS Government Finance Group at (800) 676-7516.
4. Enter the *Assessor Parcel Number (APN), Legal Description and Original Assessment Amount* for each parcel included in the apportionment.
5. Indicate the purpose of the apportionment and enter the *Map Number or Adjustment Plat number* in the appropriate row.
6. Enter the number of new parcels that will be created or the change in area of the parcels.
7. Determine the fee based on the number of new parcels or change in area of the parcels after apportionment.
8. Sign and date the application.
9. Return the completed application to the City of Carlsbad at the address listed on the application along with:
  - A check or money order made payable to the City of Carlsbad for the apportionment fee as identified on the application.
  - Two copies of an 18" x 26" blueline of the final map, parcel map or adjustment plat.
  - Two copies of an 8 ½" x 11" reduced copy of the final map, parcel map or adjustment plat.
  - Two copies of the old and new Assessor's maps (if available).