

City of Ontario  
**Subdivision Map Standard Certificates**  
Revised: 09/23/2019

**General Notes**

- 1) Minimum font height of 0.08"
- 2) All lines for signatures should be a minimum of 4" long and ¼" in height to allow room for signatures.
- 3) Red text below indicates instructions, not necessarily verbatim text to be inserted into the certificates.
- 4) All professional seals (does not include City Seal) should be minimum 1.5" in diameter

**Certificate Index**

OWNER'S STATEMENT.....	2
NOTARY ACKNOWLEDGEMENT.....	3
AUDITOR-CONTROLLER/TREASURER/TAX COLLECTOR'S CERTIFICATE .....	3
SURVEYOR'S (OR ENGINEER'S) STATEMENT .....	4
CITY ENGINEER'S STATEMENT .....	5
PLANNING COMMISSION'S STATEMENT .....	5
CITY COUNCIL'S STATEMENT .....	6
CERTIFICATE OF FEE DEDICATION .....	6
ABANDONMENT NOTE .....	7
IMPROVEMENT CERTIFICATE .....	7
SIGNATURE OMISSIONS.....	7
SAN BERNARDINO COUNTY RECORDER'S CERTIFICATE .....	8
BOARD OF SUPERVISORS' CERTIFICATE.....	8

## OWNER'S STATEMENT

Note: if a company is the owner of the property (i.e. not an individual), it will be required that proof of authority (e.g. Articles of Incorporation, Operating Agreement, etc.) to execute the map be supplied with the map submittal.

I (we) HEREBY STATE I (we) AM (are all and) THE ONLY PARTY (parties) HAVING ANY RECORD TITLE INTEREST IN THE LAND SUBDIVIDED AS SHOWN ON THIS MAP, AND I (we) CONSENT TO THE PREPARATION AND RECORDATION OF THIS FINAL MAP (parcel map)

I (WE) HEREBY (insert IRREVOCABLY OFFER TO if not accepted by City) DEDICATE TO THE CITY OF ONTARIO THE FOLLOWING:

- A AN EASEMENT FOR (state purpose) AS SHOWN ON THIS MAP.
- B AN EASEMENT FOR (state purpose) BLANKET OVER (state parcels or lots).

I (WE) HEREBY ALSO GRANT TO THE CITY OF ONTARIO THE FOLLOWING:

- C FEE TITLE TO (insert lot/parcel id) FOR (state purpose).

OWNER(S):

\_\_\_\_\_  
(print name and title, add  
one signature line for each owner)

\_\_\_\_\_  
DATE

BENEFICIARY: (or TRUSTEE) - only use if outstanding Deed of Trust exists

\_\_\_\_\_  
(print name and title)

\_\_\_\_\_  
DATE

## NOTARY ACKNOWLEDGEMENT

(one for each person signing under the Owner's Statement, including signature(s) for trustee/beneficiary)

A NOTARY PUBLIC OR OTHER OFFICER COMPLETING THIS CERTIFICATE VERIFIES ONLY THE IDENTITY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT.

STATE OF CALIFORNIA

COUNTY OF \_\_\_\_\_

ON \_\_\_\_\_ BEFORE ME, (here insert name and title of the officer),  
PERSONALLY APPEARED \_\_\_\_\_, WHO PROVED TO ME ON THE BASIS  
OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHOSE NAME(S) IS/ARE SUBSCRIBED TO  
THE WITHIN INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE/SHE/THEY EXECUTED THE  
SAME IN HIS/HER/THEIR AUTHORIZED CAPACITY(IES), AND THAT  
BY HIS/HER/THEIR SIGNATURE(S) ON THE INSTRUMENT THE PERSON(S), OR THE ENTITY UPON  
BEHALF OF WHICH THE PERSON(S) ACTED, EXECUTED THE INSTRUMENT.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA  
THAT THE FOREGOING PARAGRAPH IS TRUE AND CORRECT.

WITNESS MY HAND AND OFFICIAL SEAL.

\_\_\_\_\_ SIGNATURE \_\_\_\_\_

NAME PRINTED

MY COMMISSION EXPIRES: \_\_\_\_\_

MY PRINCIPAL PLACE OF BUSINESS IS IN \_\_\_\_\_ COUNTY.

## AUDITOR-CONTROLLER/TREASURER/TAX COLLECTOR'S CERTIFICATE

I HEREBY CERTIFY THAT ACCORDING TO THE RECORDS OF THIS OFFICE, AS OF THIS DATE,  
THERE ARE NO LIENS AGAINST THE REAL PROPERTY SHOWN UPON THIS MAP  
FOR UNPAID STATE, COUNTY, MUNICIPAL, OR LOCAL TAXES, OR SPECIAL ASSESSMENTS  
COLLECTED AS TAXES, EXCEPT TAXES OR SPECIAL ASSESSMENTS NOT YET PAYABLE,  
ESTIMATED TO BE \$\_\_\_\_\_.

DATED: \_\_\_\_\_

ENSEN MASON, AUDITOR-CONTROLLER/TREASURER/TAX COLLECTOR  
COUNTY OF SAN BERNARDINO

BY: \_\_\_\_\_ DEPUTY

**SURVEYOR'S (OR ENGINEER'S) STATEMENT** (for Tract Maps per SMA 66442.5)

Note: all map submittals should be signed & dated by submitting surveyor/engineer

THIS MAP WAS PREPARED BY ME OR UNDER MY DIRECTION AND IS BASED UPON A FIELD SURVEY IN CONFORMANCE WITH THE REQUIREMENTS OF THE SUBDIVISION MAP ACT AND LOCAL ORDINANCE AT THE REQUEST OF (name of person authorizing map) ON (date). I HEREBY STATE THAT ALL THE MONUMENTS ARE OF THE CHARACTER AND OCCUPY THE POSITIONS INDICATED OR THAT THEY WILL BE SET IN THOSE POSITIONS BEFORE (date), AND THAT THE MONUMENTS ARE, OR WILL BE, SUFFICIENT TO ENABLE THE SURVEY TO BE RETRACED, AND THAT THIS FINAL MAP SUBSTANTIALLY CONFORMS TO THE CONDITIONALLY APPROVED TENTATIVE MAP.



(LICENSEE'S SIGNATURE)

(PRINT LICENSEE'S NAME AND LICENSE NO.)

DATE

**SURVEYOR'S (OR ENGINEER'S) STATEMENT** (for Parcel Maps, per SMA 66449)

Note: all map submittals should be signed & dated by submitting surveyor/engineer

THIS MAP WAS PREPARED BY ME OR UNDER MY DIRECTION AND IS BASED UPON A FIELD SURVEY IN CONFORMANCE WITH THE REQUIREMENTS OF THE SUBDIVISION MAP ACT AND LOCAL ORDINANCE AT THE REQUEST OF (name of person authorizing map) ON (date). I HEREBY STATE THAT THIS PARCEL MAP SUBSTANTIALLY CONFORMS TO THE APPROVED OR CONDITIONALLY APPROVED TENTATIVE MAP, IF ANY.

I HEREBY ALSO STATE THAT ALL MONUMENTS ARE OF THE CHARACTER AND OCCUPY THE POSITIONS INDICATED OR THAT THEY WILL BE SET IN THOSE POSITIONS BEFORE (date), AND THAT THE MONUMENTS ARE, OR WILL BE, SUFFICIENT TO ENABLE THE SURVEY TO BE RETRACED. (Note: this second paragraph is to conform to SMA 66445(i))



(licensee's signature)

(print licensee's name and license no.)

DATE

## CITY ENGINEER'S STATEMENT

I HEREBY STATE THAT I HAVE EXAMINED THIS MAP, AND THAT ALL THE APPLICABLE PROVISIONS OF THE SUBDIVISION MAP ACT AND THE CITY OF ONTARIO MUNICIPAL CODE HAVE BEEN COMPLIED WITH, AND THAT THE SUBDIVISION SHOWN HEREON IS SUBSTANTIALLY THE SAME AS IT APPEARED ON THE TENTATIVE MAP, IF REQUIRED, AND ANY APPROVED ALTERATIONS THERETO.

\_\_\_\_\_  
KHOI K. DO  
CITY ENGINEER, R.C.E. 62809  
CITY OF ONTARIO, CALIFORNIA

\_\_\_\_\_  
DATE

Use Digital Seal  
provided by KDM

I HEREBY STATE THAT I HAVE EXAMINED THIS MAP AND I AM SATISFIED THAT THIS MAP IS TECHNICALLY CORRECT.

REVIEWED FOR THE CITY OF ONTARIO BY KDM MERIDIAN.

\_\_\_\_\_  
RICHARD C. MAHER, P.L.S. 7564  
KDM MERIDIAN

\_\_\_\_\_  
DATE

Use Digital Seal  
provided by KDM

## PLANNING COMMISSION'S STATEMENT (per City map checklist, leave date of meeting blank)

I DO HEREBY STATE THAT THE SUBDIVISION SHOWN ON THIS MAP IS IN ACCORDANCE WITH THE TENTATIVE MAP APPROVED AT A MEETING OF THE PLANNING COMMISSION OF THE CITY OF ONTARIO, COUNTY OF SAN BERNARDINO, STATE OF CALIFORNIA, HELD ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
CATHY WAHLSTROM  
SECRETARY OF THE ONTARIO PLANNING COMMISSION

\_\_\_\_\_  
DATE

**CITY COUNCIL'S STATEMENT** (per TM 17821 MB 333/64)

I DO HEREBY STATE THAT THE CITY COUNCIL OF THE CITY OF ONTARIO, BY RESOLUTION NO. \_\_\_\_\_, DULY SECONDED, PASSED, AND APPROVED THIS MAP ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

WE HEREBY ALSO ACCEPT / REJECT (insert exact language as used in Owner's Statement)...

WE HEREBY ALSO ABANDON, PURSUANT TO SECTION 66434(g) {for Tract Maps, use 66445(j) for Parcel Maps} AND SECTION 66499.20.2 OF THE SUBDIVISION MAP ACT THE FOLLOWING....

List all easements and/or rights-of-way to be abandoned by the map. Include the following information for each entry: right-holder's name, nature of their respective interest, and recording information.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SHEILA MAUTZ  
CITY CLERK  
CITY OF ONTARIO, CALIFORNIA



Use Digital Seal  
provided by KDM

**CERTIFICATE OF FEE DEDICATION** (only for maps with fee simple public dedications)

PURSUANT TO GOVERNMENT CODE SECTION 66477.5 OF THE SUBDIVISION MAP ACT, THE CITY OF ONTARIO SHALL RECONVEY insert legal description of fee title dedications, typically lots, here, INCLUSIVE, TO THE SUBDIVIDER NAMED BELOW (OR ITS SUCCESSOR IN INTEREST) IF CITY OF ONTARIO MAKES A DETERMINATION THAT THE SAME PUBLIC PURPOSES FOR WHICH SAID PROPERTY WAS DEDICATED IN FEE SIMPLE DOES NOT EXIST, EXCEPT FOR ALL OR ANY PORTION OF THE PROPERTY THAT IS REQUIRED FOR THAT SAME PUBLIC PURPOSES OR FOR PUBLIC UTILITIES.

SUBDIVIDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

VICKI KASAD, ASST. CITY CLERK  
CITY OF ONTARIO, CALIFORNIA

## ABANDONMENT NOTE (per TM 17821 MB 333/64)

PURSUANT TO SECTION 66434(g) {for Tract Maps, use 66445(j) for Parcel Maps} AND SECTION 66499.20.2 OF THE SUBDIVISION MAP ACT, THE FILING OF THIS MAP CONSTITUTES ABANDONMENT OF THE FOLLOWING:

List all easements and/or rights-of-way to be abandoned by the map as shown in the PTR and/or SG. Include the following information for each entry: right-holder's name, nature of their respective interest, and recording information.

## IMPROVEMENT CERTIFICATE

Note: only for Parcel Maps with required improvements if Developer Agreement (or similar) has not been recorded. Please provide a copy of the recorded Developer Agreement (or similar) if applicable.

PURSUANT TO THE PROVISIONS OF SECTION 66411.1 OF THE SUBDIVISION MAP ACT, NOTICE IS HEREBY GIVEN THAT THE FOLLOWING IMPROVEMENTS ARE REQUIRED TO BE CONSTRUCTED [(PRIOR TO PROCESSING ANY SUBSEQUENT DEVELOPMENT OF THIS PARCEL) or (WITHIN A FUTURE TIME LIMIT)]:

1. (list the required improvements)

## SIGNATURE OMISSIONS

PURSUANT TO THE PROVISIONS OF SECTION 66436(a)(3) OF THE SUBDIVISION MAP ACT THE FOLLOWING SIGNATURES HAVE/HAS BEEN OMITTED:

List all easements and mineral rights. Include the following information for each entry: right-holder's name, nature of their respective interest, and recording information.

Note: We will require copies of the letters sent by certified mail (along with mail receipts) to public utilities/agencies pursuant to SMA 66436(a)(3)(A)(i). If any acknowledgement letters from said public utilities/agencies are received, copies should be provided with the map submittal.

## SAN BERNARDINO COUNTY RECORDER'S CERTIFICATE

Place certificate in lower right of sheet 1.

THIS MAP HAS BEEN FILED UNDER DOCUMENT NUMBER \_\_\_\_\_,  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, AT \_\_\_\_\_ M. IN BOOK \_\_\_\_\_  
OF \_\_\_\_\_ AT PAGE \_\_\_\_\_, AT THE REQUEST  
OF \_\_\_\_\_,  
IN THE AMOUNT OF \$ \_\_\_\_\_.

BOB DUTTON  
ASSESSOR-RECORDER-COUNTY CLERK  
COUNTY OF SAN BERNARDINO

BY: \_\_\_\_\_  
DEPUTY RECORDER

## BOARD OF SUPERVISORS' CERTIFICATE

(when tax bond is required) (when tax bonds are not required, board of supervisor's certificate is not necessary.)

I HEREBY CERTIFY THAT A BOND IN THE SUM OF \$ \_\_\_\_\_ HAS BEEN  
EXECUTED AND FILED WITH THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN  
BERNARDINO, STATE OF CALIFORNIA, CONDITIONED UPON THE PAYMENT OF ALL TAXES  
(STATE, COUNTY, MUNICIPAL OR LOCAL) AND ALL SPECIAL ASSESSMENTS, COLLECTED AS  
TAXES, WHICH AT THE TIME OF THE FILING OF THIS MAP WITH THE COUNTY SAN BERNARDINO  
ASSESSOR-RECORDER-COUNTY CLERK ARE A LIEN AGAINST SAID PROPERTY, BUT NOT YET  
PAYABLE; AND THAT THE SUB-DIVIDER HAS FILED WITH ME A CERTIFICATE BY THE PROPER OFFICER  
GIVING HIS ESTIMATE OF THE AMOUNT OF SAID TAXES AND SPECIAL ASSESSMENTS, AND SAID BOND  
IS HEREBY ACCEPTED.

DATED: \_\_\_\_\_

LYNNA MONELL, CLERK OF THE BOARD OF SUPERVISORS  
COUNTY OF SAN BERNARDINO

BY: \_\_\_\_\_, DEPUTY