

TOWN OF PARADISE
5555 Skyway, Paradise CA 95969
(530) 872-6291

APPLICATION FOR CERTIFICATE OF MERGER

Owner/Applicant: _____

Mailing Address: _____

Phone: _____ APNs involved: _____

(NOTE: The signatures of **all** owners of record affected are required.)

Owner/Applicant	Date	APN
Owner/Applicant	Date	APN
Other Owners	Date	APN
Other Owners	Date	APN
Other Owners	Date	APN
Other Owners	Date	APN

Affected APNs:	Creation Date:	Recorder's Serial Number:
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

For Office/Staff Use

Date Received: _____ By _____

Fee Paid/Receipt No.: _____ TOP File No.: _____

Verify Receipt of:	Yes	No	
Title report or lot book reports	_____	_____	
Copies of vesting deeds	_____	_____	

NOTE: By signing this application, the applicant is indicating that the affected parcels are not included on any state or local list of hazardous sites compiled pursuant to California Government Code Section 65962.5, effective July 1, 1987.