



LOT LINE ADJUSTMENT APPLICATION

APPLICANT:

NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

STATUS:(property owner, agent, etc.) _____

PROPERTY OWNER (if different than applicant):

NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

BOUNDARY LINE ADJUSTMENT INFORMATION:

Please provide a short description of the purpose of the proposed boundary line adjustment.

Existing Legal Description: (SEE ATTACHED)

Parcel A: _____

Parcel B: _____

Proposed Legal Description: (SEE ATTACHED)

Parcel A: _____

Parcel B: _____

Note: If you are requesting a Lot Line Adjustment you must attach both a "before" legal description, as it is now, and "after" legal descriptions, as you are proposing them to be.

All affected property owners must sign the application below to signify agreement to the proposed lot line adjustment.

1.	SIGNATURE	PRINT NAME	DATE
2.	SIGNATURE	PRINT NAME	DATE
3.	SIGNATURE	PRINT NAME	DATE
4.	SIGNATURE	PRINT NAME	DATE