



## 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