

Engineering Services Division

Development Engineering 300 Richards Blvd., 3rd Floor Sacramento, CA 95811

> Phone: 916-808-8300 Fax: 916-808-1984

LOT MERGER / LOT LINE ADJUSTMENT APPLICATION

PRIOR TO SUBMITTAL OF THIS APPLICATION, PLEASE READ "LOT MERGER / LOT LINE ADJUSTMENT PROCESS AND REQUIREMENTS", AVAILABLE FROM CITY STAFF OR ON CITY WEBSITE (SEE LINK BELOW).

Note: Prior to submittal of a Lot Merger, ALL PARCELS must be in exact common ownership.

TYPE OR PRINT LEGIBLY – SHOW ALL INFORMATION – use additional page if more space is required								
Р	PROJECT ADDRESS	DATE OF SUBMITTAL						
R O	PROJECT LOCATION (INCLUDE CROS	сос						
J E C		MERGER LC	OT LINE ADJUSTMENT	eCAPS				
Т	APN (ALL PARCELS)							
	1) NAME OF LEGAL OWNER(S) (AS SHOWN IN TITLE REPORT)							
o W	MAILING ADDRESS, CITY, STATE, ZIP							
N E R	NAME OF CONTACT PERSON	HONE E-MAIL						
1	2) NAME OF LEGAL OWNER(S) (AS SHOWN IN TITLE REPORT) (IF APPLICABLE)							
N F O	MAILING ADDRESS, CITY, STATE, ZIP							
J	NAME OF CONTACT PERSON	PHONE	E-MAIL					
s	NAME OF CONSULTING FIRM							
U R V	MAILING ADDRESS, CITY, STATE, ZIP							
E Y	PHONE E-MAIL							
O R	NAME OF CONTACT PERSON							
С	WHO WILL BE THE CONTACT FOR THIS PROJECT? OWNER SURVEYOR OTHER, IDENTIFY BELOW							
0 N	NAME OF CONTACT PERSON							
T A C	MAILING ADDRESS, CITY, STATE, ZIP							
Ť	PHONE	E-MAIL						
	NAME OF TITLE COMPANY (For document recording purposes)							
T C	NAME OF CONTACT PERSON							
	PHONE E-MAIL							

STAFF USE ONLY: LM COMMON OWNERSHIP VERIFIED



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PROJECT QUESTIONNAIRE

1.	Please give a detailed explanation as to the reason you are applying for this project:						
					_		
2.	Existing us	se of property	/ :				
	RESID	ENTIAL – USE	OF STRUC	TURE(S)	VACANT		
	COMM	IERCIAL – USE	OF STRUC	TURE(S)	VACANT		
3.	List any planning and building projects associated with this project that are currently being processed:						
Use	e additional p	page if more sp	oace is req	uired			
<u>SU</u>	BMITTAL	CHECKLIST					
		COPIES OF IT	EMS 1-8 BE	ELOW			
SUR	DWNER/ CITY/ SURVEYOR STAFF NITIAL INITIAL			OT MERGER / LOT LINE ADJ. PROCESS AND REQUIREMENTS" TAILED DESCRIPTION OF ITEMS 1-12 BELOW	DATE OF SUBMITTAL/ COMMENTS		
			1)	Completed Application Form			
			2)	Title Report (all parcels, 90 days old max.)			
			3)	Vesting Deed(s) (most current)			
			4)	Site Plan (1 copy folded to 8½" x 11")			
			5)	New Legal Description (1 copy)			
			6)	Exhibit Map (1 copy)			
			7)	Closure Calculations (1 set)			
			8)	Supporting Documents (See Process & Reqmt. Sec. 1-8)			
			9)	Electronic File of AutoCAD Drawing (.dwg)			
			10)	Compact Disk (CD) (Include items 1-9)			
			11)	Review and Processing Fee			
	days to meet Ci and will	conduct a thor ity standards for	ough inspec r review, app resubmit the	nt that after submittal and acceptance at public countriction of submittal package. If application and submitte plication will be placed on hold status . Owner and Coe inadequate item(s) to lift hold status and continue the	d documents do not ontact will be notified		
	-		-	nent: — \$2,600.00 (Greater than 2 acres total required lot line adjustment approval)	s actual cost		
<u>BEI</u>	LOW ITEMS I	REQUIRED PRI	OR TO LOT	LINE ADJUSTMENT APPROVAL (IF APPLICABLE)	<u>):</u>		
			12)	COUNTY TAX RECEIPTS (applies to all lot line ad	iustments)		



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OWNER'S CERTIFICATION (Notary required for all signatures)

The undersigned hereby acknowledges being the record owner(s) of the property contained within this project and hereby consents to the processing and recording of the Certificate of Compliance for Lot Merger / Lot Line Adjustment; and further acknowledges understanding of "Lot Merger / Lot Line Adjustment Process and Requirements" associated with this application.

PRINT OWNER'S NAME (as shown in Title Report):
SIGNATURE:PRINT NAME:
T KINT TWANE.
PRINT OWNER'S NAME (as shown in Title Report):
SIGNATURE:
PRINT NAME:
PRINT OWNER'S NAME (as shown in Title Report):
SIGNATURE:
PRINT NAME:

Use additional page if more space is required for additional owners

3 of 3 Rev 7-2019