



# CITY OF SACRAMENTO

DEPARTMENT OF TRANSPORTATION  
ENGINEERING SERVICES DIVISION  
DEVELOPMENT ENGINEERING

300 RICHARDS BLVD., 3<sup>RD</sup> FL. • SACRAMENTO, CA 95811-0218 • PH: (916) 808-8300 • FAX: (916) 808-1984

## LOT MERGER / LOT LINE ADJUSTMENT APPLICATION

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Note: This application is to be used only if you have no prior approval from the Planning Division for your Lot Merger or Lot Line Adjustment. If your project has been approved by the Planning Division, please contact staff to obtain the proper "Application" and "Process and Requirements" handout.

**PRIOR TO SUBMITTAL OF THIS APPLICATION, PLEASE READ THE "LOT MERGER / LOT LINE ADJUSTMENT PROCESS AND REQUIREMENTS", AVAILABLE FROM CITY STAFF OR ON CITY WEBSITE**

**TYPE OR PRINT LEGIBLY – SHOW ALL INFORMATION – use additional page if more space is required**

<b>P R O J E C T</b>	ADDRESS		<b>COC</b>		
	LOCATION (INCLUDE CROSS STREETS)		<b>eCaps:</b>		
	TYPE OF PROJECT	<input type="checkbox"/> LOT MERGER	<input type="checkbox"/> LOT LINE ADJUSTMENT		
	APN (ALL PARCELS)				

<b>O W N E R  I N F O</b>	1 NAME OF LEGAL OWNER(S) (AS SHOWN S IN TITLE REPORT)			
	MAILING ADDRESS, CITY, STATE, ZIP			
	NAME OF CONTACT PERSON	PHONE	FAX	E-MAIL
	2 NAME OF LEGAL OWNER(S) (AS SHOWN IN TITLE REPORT)			
	MAILING ADDRESS, CITY, STATE, ZIP			
	NAME OF CONTACT PERSON	PHONE	FAX	E-MAIL

<b>S U R V E Y O R</b>	NAME OF CONSULTING FIRM		
	MAILING ADDRESS, CITY, STATE, ZIP		
	PHONE	FAX	E-MAIL
	NAME OF CONTACT PERSON		

<b>C O N T A C T</b>	WHO WILL BE THE CONTACT FOR THIS PROJECT?	OWNER	SURVEYOR	OTHER, IDENTIFY BELOW
	NAME OF CONTACT PERSON			
	MAILING ADDRESS, CITY, STATE, ZIP			
	PHONE	FAX	E-MAIL	

# LOT MERGER / LOT LINE ADJUSTMENT APPLICATION

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## **PROJECT QUESTIONNAIRE**

**Please answer the following questions**

- 1) Reason for Lot Merger / Lot Line Adjustment: \_\_\_\_\_  
\_\_\_\_\_
- 2) Existing use of Property: \_\_\_\_\_  
\_\_\_\_\_

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## **SUBMITTAL CHECKLIST**

Date of Submittal \_\_\_\_\_

### **OWNER OR SURVEYOR MUST INITIAL SUBMITTED ITEMS BELOW**

OWNER/ SURVEYOR	CITY STAFF	<b>SEE "LOT MERGER / LOT LINE ADJUSTMENT PROCESS AND REQUIREMENTS" FOR DETAILED DESCRIPTION OF ITEMS 1-7 BELOW</b>
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_____	_____	1) Completed Application Form	_____
_____	_____	2) Title Report (all parcel, 90 days old max.)	_____
_____	_____	3) Site Plan (5 copies folded to 8½" x 11")	_____
_____	_____	4) New Legal Description (1 copy)	_____
_____	_____	5) Exhibit Map (1 copy)	_____
_____	_____	6) Closure Calculations (1 set)	_____
_____	_____	7) Review and Processing Fee	_____
		Lot Merger:	\$1,700.00
		Lot Line Adjustment 2-3 parcels:	\$2,000.00
		Lot Line Adjustment 4 parcels:	\$2,200.00

### **REQUIRED PRIOR TO LOT LINE ADJUSTMENT APPROVAL:**

_____	_____	<b>PARCELS ENCUMBERED BY DEED OF TRUST:</b> A copy of partial re-conveyance signed by trustee/beneficiary (contact Title Company) is to be submitted to the City prior to Lot Line Adjustment approval.
_____	_____	<b>LOT LINE ADJUSTMENT WITH PARCELS UNDER SEPARATE OWNERSHIP:</b> A copy of signed Deed is to be submitted to the City prior to Lot Line Adjustment approval if the property is being transferred from one owner to another.

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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 consent to the processing and recording of the Certificate of Compliance; and further acknowledge that they understand the "Lot Merger / Lot Line Adjustment Process and Requirements" associated with this application.

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

Attach notary acknowledgement