



**CITY OF SUTHERLIN
APPLICATION
FOR
LOT LINE ADJUSTMENT**

FILE NO: _____

DATE FILED: _____

FEE: **\$200 NON-REFUNDABLE**

RECEIPT NO.: _____

An application for the adjustment of common boundary lines between units of land requires review under Section 4.4.210 of the Sutherlin Development Code.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. APPLICANT:

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

TITLEHOLDER OR CONTRACT PURCHASER OF **UNIT 1:**

NAME: _____ PHONE: _____

ADDRESS: _____

TITLEHOLDER OR CONTRACT PURCHASER OF **UNIT 2:**

NAME: _____ PHONE: _____

ADDRESS: _____

2. SPECIFIC DESCRIPTION OF PROPERTY:

UNIT 1:

PROPERTY ADDRESS: _____

T: _____ R: _____ SEC(s): _____ TAX LOT(s): _____

PROPERTY ID NUMBER(S): _____

PLAN DESIGNATION: _____ ZONE: _____

UNIT 2:

PROPERTY ADDRESS: _____

T: _____ R: _____ SEC(s): _____ TAX LOT(s): _____

PROPERTY ID NUMBER(S): _____

PLAN DESIGNATION: _____ ZONE: _____

3. SIZE OF EXISTING PROPERTY? **UNIT 1:** _____ **UNIT 2:** _____

SIZE OF ADJUSTED PROPERTY? **UNIT 1:** _____ **UNIT 2:** _____

4. NUMBER AND TYPE OF STRUCTURES ON PROPERTY;

UNIT 1: _____

UNIT 2: _____

5. MEANS OF ACCESS TO PROPERTY:

UNIT 1: _____

UNIT 2: _____

6. MEANS OF WATER TO PROPERTY:

UNIT 1: _____

UNIT 2: _____

7: MEANS OF SANITATION TO PROPERTY:

UNIT 1: _____

UNIT 2: _____

8. REASON FOR LINE ADJUSTMENT: _____

ATTACH PLOT PLAN SHOWING EXISTING BOUNDARY LINES OF THE UNITS OF LAND AFFECTED AND APPROXIMATE LOCATION OF PROPOSED LINE. ATTACHED PLOT PLAN SHOWING THE FOLLOWING ON BOTH PARCELS RELATIVE TO THE PROPOSED ADJUSTED LINE:

- ✓ LOCATION OF ALL STRUCTURES
- ✓ DRIVEWAYS
- ✓ EASEMENTS
- ✓ FENCES
- ✓ WALLS
- ✓ WATER LINES / WELLS
- ✓ SANITATION LINES / SEPTICS
- ✓ SHOW APPROXIMATE ACREAGE OF THE UNITS OF LANDS, AFTER ADJUSTMENT

SIGNATURES REQUIRED:

UNIT 1: I (WE), _____
(Print Name in Full)

am (are) the titleholder(s) or contract purchaser(s) (under a duly executed written contract) of the property described in this application and hereby certify that the statements and information contained herein are in all respects true, complete and correct to the best of my (our) knowledge and belief.

SIGNED: _____ SIGNED: _____

DATE: _____ DATE: _____

SIGNATURES REQUIRED:

UNIT 2: I (WE), _____
(Print Name in Full)

am (are) the titleholder(s) or contract purchaser(s) (under a duly executed written contract) of the property described in this application and hereby certify that the statements and information contained herein are in all respects true, complete and correct to the best of my (our) knowledge and belief.

SIGNED: _____ SIGNED: _____

DATE: _____ DATE: _____

NOTE: ALL MAPS AND INFORMATION MUST BE COMPLETE BEFORE BEING SUBMITTED.

A non-refundable fee must accompany this application. Make the check payable to the City of Sutherlin.

An agent of the property owner may sign this application provided that written permission from the property owner is attached to this application.