LOT LINE ADJUSTMENT APPLICATION

Received by:_____ Determined completed by:_____Date of Application:_____

Applicant, please complete

Location of parcels:_____

_____

Grant County Parcel Identification Number of each lot:_____

_____

Applicant:_____

Mailing Address:_____

Daytime Phone:_____ Fax Number:_____

Contact Person:_____ Phone Number:_____

Status of applicant(i.e., owner, agent, etc.)_____

****

The undersigned property owners, under penalty of perjury, each state that we are all of the legal owners of the property described in Exhibit A which is attached to this application, and designate _____ to act as our agent with respect to this application.
We also certify that the above information is true and correct to the best of our knowledge.

Signature(s) of the owner(s): Date:

_____ _____

_____ _____

List the legal owner(s) for each lot and all parties holding a financial interest in the properties. Submit to Planning Department documentation that all property owners agree to the proposed lot line adjustment/elimination. (if additional space is needed, please attach.)

Legal Owner or Party of Interest:_____

_____

Mailing Address:_____

_____

Daytime Telephone Number:_____

Legal Owner or Party of Interest:_____

_____

Mailing Address:_____

_____

Daytime Telephone Number:_____

DO NOT WRITE BELOW THIS LINE

****

ZONING DISTRICT:_____ Minimum Lot Size:_____

Access to Public Right of Way:_____

_____

Minimum Building Setbacks:_____

_____

Other:_____

_____

_____