APPLICATION FOR LOT LINE ADJUSTMENT

In accordance with Section 66412(d) of the State Map Act, I/we, (print name):
_______________________________, do hereby apply for approval of a lot line adjustment between the following described properties:

Legal Description of existing parcels (Describe separately use number designations. Attach additional printed or typed sheet(s) if needed. Copies of Deeds, reports, etc., are not acceptable.):

1. ______________________________________________________________________
   ______________________________________________________________________

2. ______________________________________________________________________
   ______________________________________________________________________

Assessor’s Parcel Numbers: ______________________________________________________________________

Legal Description of proposed parcels (Described adequately; designate by letter to correspond to Plot Plan; attach additional printed or typed sheets if needed.):

A. _____________________________________________________________________
   _____________________________________________________________________

B. ____________________________________________________________________
   _____________________________________________________________________

Area of each existing parcel: 1. _____________________ 2. _____________________
Area of each proposed parcel: A. _____________________ B. _____________________
Existing use of each parcel: 1. _____________________ 2. _____________________
Existing zone of each parcel: 1. _____________________ 2. _____________________
Source of water supply: ________________________________________________
Method of sewage disposal: ________________________________________________

Each Lot Line Adjustment Application Form must be accompanied by a Plot Plan drawn by a Registered Civil Engineer or a Licensed Land Surveyor. The Plot Plan must show all structures located on the involved properties and their respective distances to existing and proposed property lines. (8 ½” x 14” is acceptable if detail can be clearly shown.) Ten (10) copies are required upon filing application.
Signature(s) of Record Owner(s) ____________________________________________________

Name (print):__________________________ Address: __________________________________
Phone___________________

Name (Print):__________________________ Address:__________________________________
Phone___________________

Signature of Agent (if applicable)____________________________________________________

Name (print)______________________ Address:_________________ Phone_________________

Signature of person preparing map:____________________________________________________

Name (print): _________________________Address: ___________________________________
Phone_____________________

Date received: _______________ Received by:_______________________________________

This certifies that the parcel(s) as shown on the attached plot plan comply with the
__________________ Zone District(s) in which the subject parcel(s) is/are located and the
requirements of the Fowler Municipal Code.

Lot Line Adjustment No: ___________ Date: ___________ Approved by: ________________

Fees paid $____________ Cashier Memo No.: ____________ Date: _____________________

NOTE: The conveyance of any lot shown hereon by parcel number or letter is prohibited. This
approval is based on submitted data only. Conditions affecting the property which do not appear on
this application may void this approval.