



APPLICATION FOR LOT LINE ADJUSTMENT

Project location _____

I (we) hereby apply for the lot line adjustment shown on the attached map and certify that I (we) are the owner(s) of said properties. I (we) acknowledge that the proposed lot line adjustment will not be final until the adjustment is approved pursuant to the City Municipal Code (Subdivision Ordinance) the proper documents are recorded and submitted to the City and the Sutter County Assessor's Office.

Print name _____

Assessor's Parcel No. _____

Mailing Address _____

Assessor's Parcel No. _____

Telephone No. _____

Signature _____

Print name _____

Assessor's Parcel No. _____

Mailing Address _____

Assessor's Parcel No. _____

Telephone No. _____

Signature _____

Print name _____

Assessor's Parcel No. _____

Mailing Address _____

Assessor's Parcel No. _____

Telephone No. _____

Signature _____

Print name _____

Assessor's Parcel No. _____

Mailing Address _____

Assessor's Parcel No. _____

Telephone No. _____

Signature _____

For City Use Only

Application # _____

Date filed _____

Amount Paid _____

Receipt # _____

By _____