



Lot Line Adjustment Form

FROM PARCEL (Grantor)

Map#		Lot #		Zoning		Acreage	
Owner							
Mailing Address							
City, State, Zip							
Phone				Email			

TO PARCEL (Grantee)

Map#		Lot #		Zoning		Acreage	
Owner							
Mailing Address							
City, State, Zip							
Phone				Email			

APPLICANT

Name							
Mailing Address							
City, State, Zip							
Phone				Email			

AGENT (if applicable)

Name							
Mailing Address							
City, State, Zip							
Phone				Email			

SIGNATURES OF ALL RECORDED OWNERS OF EACH PARCEL INVOLVED IN THIS APPLICATION ARE REQUIRED.

If a person(s) other than the owner of the above referenced property is filing this application, or acting as authorized agent on behalf of the owner, authorization from the owner must be submitted with this form.

GRANTOR (granting parcel)

Signature		Date	
Signature		Date	

GRANTEE (receiving parcel)

Signature		Date	
Signature		Date	

File No.		Date Received:		Received by:	
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