

LOT LINE/MERGER APPLICATION

FILING FEE: \$500 and ENV HEALTH FEE: \$85.00 per parcel DEPARTMENT OF PLANNING AND BUILDING SERVICES

707 Nevada Street, Suite 5 · Susanville, CA 96130-3912 (530) 251-8269 · (530) 251-8373 (fax) www.co.lassen.ca.us

Form must be typed or printed clearly in black or blue ink. All sections must be completed in full.

This application consists of one page; only attach additional sheets			if necessary. FILE NO		
Property Owner/s			Property Owner/s		
Name:			Name:		
Mailing Address:			Mailing Address:		
City, ST, Zip:			City, ST, Zip:		
Telephone: Fax:			Telephone: Fax:		
Email:			Email:		
Applicant/Authorized Representative*			Agent (Land Surveyor/Engineer/Consultant)		
Same as above:			Correspondence also sent to:		
Name:			Name:		
Mailing Address:			Mailing Address:		
City, ST, Zip:			City, ST, Zip:		
Telephone: Fax:			Telephone: Fax:		
Email:			Email: License #:		
Project Address or Specific Location:					
Deed Reference: Book: Page:			Year: Doc#:		
Zoning:			General Plan Designation:		
Parcel Size (acreage):			Section:	Township:	Range:
<u>l</u>					
Assesso	or's Parcel Number(s):		-	-	
			-	-	
Parcel	Siza hafara adjustman	Size after adjustment (sq. ft. or acres)			
	Size before adjustment (sq. ft. or acres)		Size after aujus	timent (sq. 1t. or a	acres)
A					
В					
С					
D					
SIGNATURE OF PROPERTY OWNER(S): I HEREBY ACKNOWLEDGE THAT: I have read this application and state that the information given is both true and correct to the best of my knowledge. I agree to comply with all County ordinances and State laws concerning this application.			*SIGNATURE OF APPLICANT/AUTHORIZED REPRESENTATIVE (Representative may sign application on behalf of the property owner only if Letter of Authorization from the owner/s is provided).		
Date:			Date:		
Date·			Date·		