

Development Services



LOT LINE ADJUSTMENT APPLICATION

For Internal (City) Use Only:

Application #LA _____

Date Filed _____

Receipt # _____

Project Location: _____

Zone: _____

I (we) hereby apply for the lot line adjustment shown on the map attached hereto and certify that I (we) are the owner(s) of said property. I (We) acknowledge that the lot line adjustment proposed will not be final until the adjustment is approved pursuant to the provisions of the City Municipal Code, documents accumulating or reducing the property as requested are recorded, and a request is filed with the Sutter County Assessor's Office to combine the appropriate Assessor's Parcel Numbers.

Print Name: _____ Assessor's Parcel No. _____

Mailing Address: _____ City, State, Zip Code: _____

Email: _____

Signature: _____ Telephone Number: _____

Print Name: _____ Assessor's Parcel No. _____

Mailing Address: _____ City, State, Zip Code: _____

Email: _____

Signature: _____ Telephone Number: _____

Print Name: _____ Assessor's Parcel No. _____

Mailing Address: _____ City, State, Zip Code: _____

Email: _____

Signature: _____ Telephone Number: _____

Print Name: _____ Assessor's Parcel No. _____

Mailing Address: _____ City, State, Zip Code: _____

Signature: _____

Telephone Number: _____