



LOT LINE ADJUSTMENT APPLICATION FORM: APPLICANT INFORMATION

APPLICANT INFORMATION

APPLICANT NAME:		COMPANY:	
ADDRESS:	Number/P.O. BOX	Street	Suite (if applicable)
	City	State	Zip Code
PHONE #: ()	CELL PHONE #: ()		E-MAIL:

SURVEYOR/ENGINEER INFORMATION

SURVEYOR/ENGINEER NAME:		COMPANY:	
ADDRESS:	Number/P.O. BOX	Street	Suite (if applicable)
	City	State	Zip Code
PHONE #: ()	CELL PHONE #: ()		E-MAIL:
		LICENSE #:	

LOT LINE ADJUSTMENT INFORMATION

TYPE OF LOT LINE ADJUSTMENT: ☐ CONSOLIDATION ☐ ADJUSTMENT **NUMBER OF LOTS INVOLVED:**

ASSESSOR PARCEL NUMBERS:

APPLICANT SIGNATURE AND ACKNOWLEDGEMENT

I hereby acknowledge that I have read the instructions provided and all information provided is correct. I agree to comply with all federal, state, and city laws, ordinances, regulations and policies relating to the permit being processed. I understand and acknowledge that I am fully responsible for garnering all approvals and application for the lot line adjustment.

Applicant Signature Date

Printed Name of Applicant

Note: All property owners and lenders/lienholders for each property involved in the lot line adjustment must complete and sign Form LL2. Attach as many copies as are necessary together with all applicable signature authority documentation for any legal entities.

LOT LINE ADJUSTMENT APPLICATION FORM: OWNER/LIENHOLDER INFORMATION

PROPERTY OWNER INFORMATION

OWNER NAME:

COMPANY:

ADDRESS:

Number/P.O. BOX

Street

Suite (if applicable)

City

State

Zip Code

PARCEL ADDRESS:

Number

Street

ASSESSOR PARCEL NUMBER:

PHONE #: ()

CELL PHONE #: ()

E-MAIL:

PROPERTY OWNER SIGNATURE AND ACKNOWLEDGEMENT

I hereby acknowledge that a lot line adjustment application is being filed with the City of San Marcos on my behalf. I understand and acknowledge that I consent to the application for a lot line adjustment that involves a lot/parcel that I have record fee title interest and do not object to the filing and processing of the lot line adjustment application with the City of San Marcos.

Signature of Owner

Date

LENDER/LIENHOLDER INFORMATION

REPRESENTATIVE NAME:

COMPANY:

ADDRESS:

Number/P.O. BOX

Street

Suite (if applicable)

City

State

Zip Code

PARCEL ADDRESS:

Number

Street

ASSESSOR PARCEL NUMBER:

PHONE #: ()

CELL PHONE #: ()

E-MAIL:

LENDER/LIENHOLDER SIGNATURE AND ACKNOWLEDGEMENT

I hereby acknowledge that I have been notified an application for a lot line adjustment is being filed with the City of San Marcos. I understand and acknowledge that I consent to the application for a lot line adjustment that involves a lot/parcel for which I am the lender/lienholder of record and I do not object to the filing and processing of the lot line adjustment application with the City of San Marcos.

Signature of Lender/Lienholder

Date

Note: All property owners and lenders/lienholders that are involved in the lot line adjustment shall complete this Form LLA-2. Attach as many LLA-2 Forms as needed to the application, Form LLA-1.