

**CITY OF ORANGE
LOT LINE ADJUSTMENT
APPLICATION INFORMATION SHEET
LL_____**

PROJECT DESCRIPTION

Property Address(s)

Property Assessor Parcel Numbers

Reason for Lot Line Adjustment

PROJECT CONTACT

Provide the Name and contact information for the person processing the LOT LINE ADJUSTMENT.

Print name of Contact Person

Company

Address

City

State

Zip Code

Phone

E MAIL

Signature

Date

PROJECT ENGINEER/SURVEYOR

Print name of Register Engineer or Licensed Land Surveyor.

License No.

Expiration Date

Company

Address

City

State

Zip Code

Phone

E Mail

Applicant Information

RECORD OWNERS:

(I/We) hereby certify that 1) (I/We) (am/are) the record owner(s) of all parcels proposed for adjustment by this application. 2) (I/We) have knowledge of and consent to the filing of this application, and 3) the information submitted in connection with this application is true and correct.

Print name of property owner

Assessor Parcel No.

Address

City

State

Zip Code

Phone

E Mail

Signature

Date

Print name of property owner

Assessor Parcel No.

Address

City

State

Zip Code

Phone

E Mail

Signature

Date

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