



Community Development - Planning Division  
 832 Whitley Avenue Corcoran, CA 93212  
 (559) 992-2151 ext. 232 or 225  
 www.cityofcorcoran.com

## LOT MERGER / LOT LINE ADJUSTMENT APPLICATION

PRIOR TO SUBMITTAL OF THIS APPLICATION, PLEASE READ "LOT MERGER / LOT LINE ADJUSTMENT PROCESS AND REQUIREMENTS", AVAILABLE FROM CITY STAFF.

Note: Prior to submittal of a Lot Merger, **ALL PARCELS** must be in exact common ownership.

**TYPE OR PRINT LEGIBLY – SHOW ALL INFORMATION – use additional page if more space is required**

<b>P R O J E C T</b>	PROJECT ADDRESS		DATE OF SUBMITTAL
	PROJECT LOCATION (INCLUDE CROSS STREETS)		COC
	TYPE OF PROJECT	LOT MERGER                      LOT LINE ADJUSTMENT	eCAPS
	APN (ALL PARCELS)		

<b>O W N E R  I N F O</b>	1) NAME OF LEGAL OWNER(S) (AS SHOWN IN TITLE REPORT)		
	MAILING ADDRESS, CITY, STATE, ZIP		
	NAME OF CONTACT PERSON	PHONE	E-MAIL
	2) NAME OF LEGAL OWNER(S) (AS SHOWN IN TITLE REPORT) (IF APPLICABLE)		
	MAILING ADDRESS, CITY, STATE, ZIP		
	NAME OF CONTACT PERSON	PHONE	E-MAIL

<b>S U R V E Y O R</b>	NAME OF CONSULTING FIRM	
	MAILING ADDRESS, CITY, STATE, ZIP	
	PHONE	E-MAIL
	NAME OF CONTACT PERSON	

<b>C O N T A C T</b>	WHO WILL BE THE CONTACT FOR THIS PROJECT?	<input type="checkbox"/> OWNER	<input type="checkbox"/> SURVEYOR	<input type="checkbox"/> OTHER, IDENTIFY BELOW
	NAME OF CONTACT PERSON			
	MAILING ADDRESS, CITY, STATE, ZIP			
	PHONE	E-MAIL		

<b>T C</b>	NAME OF TITLE COMPANY (For document recording purposes)	
	NAME OF CONTACT PERSON	
	PHONE	E-MAIL

<b>STAFF USE ONLY:</b>	LM COMMON OWNERSHIP VERIFIED
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# LOT MERGER / LOT LINE ADJUSTMENT APPLICATION

## PROJECT QUESTIONNAIRE

1. Please give a detailed explanation as to the reason you are applying for this project:

\_\_\_\_\_

\_\_\_\_\_

2. Existing use of property:

RESIDENTIAL – USE OF STRUCTURE(S) \_\_\_\_\_ VACANT

COMMERCIAL – USE OF STRUCTURE(S) \_\_\_\_\_ VACANT

3. List any planning and building projects associated with this project that are currently being processed: \_\_\_\_\_

Use additional page if more space is required

### SUBMITTAL CHECKLIST

#### ***SUBMIT PAPER COPIES OF ITEMS 1-8 BELOW***

OWNER/ SURVEYOR INITIAL	CITY/ STAFF INITIAL	SEE "LOT MERGER / LOT LINE ADJ. PROCESS AND REQUIREMENTS" FOR DETAILED DESCRIPTION OF ITEMS 1-12 BELOW	DATE OF SUBMITTAL/ COMMENTS
_____	_____	1) Completed Application Form	_____
_____	_____	2) Title Report (all parcels, 90 days old max.)	_____
_____	_____	3) Vesting Deed(s) (most current)	_____
_____	_____	4) Site Plan (20 copies folded to 8½" x 11")	_____
_____	_____	5) New Legal Description (20 copies)	_____
_____	_____	6) Exhibit Map (20 copies)	_____
_____	_____	7) Closure Calculations (3 sets)	_____
_____	_____	8) Supporting Documents (See Process & Reqmt. Sec. 1-8)	_____
_____	_____	9) Electronic File of AutoCAD Drawing (.dwg)	_____
_____	_____	10) Compact Disk (CD) or Flash Drive (Include items 1-9)	_____
_____	_____	11) Review and Processing Fee	_____

Initial certifies the acknowledgement that after submittal and acceptance at public counter, City staff has 2-3 days to conduct a thorough inspection of submittal package. If application and submitted documents do not meet City standards for review, application will be placed on **hold status**. Owner and Contact will be notified and will be required to resubmit the inadequate item(s) to lift hold status and continue the processing of the Lot Merger/Lot Line Adjustment.

**Lot Line Adjustment:** — \$1,660.00 (Greater than 2 acres may require additional cost)

#### ***BELOW ITEMS REQUIRED PRIOR TO LOT LINE ADJUSTMENT APPROVAL (IF APPLICABLE):***

\_\_\_\_\_ 12) COUNTY TAX RECEIPTS (applies to all lot line adjustments)

# **LOT MERGER / LOT LINE ADJUSTMENT APPLICATION**

**OWNER'S CERTIFICATION** (Notary required for all signatures)

The undersigned hereby acknowledges being the record owner(s) of the property contained within this project and hereby consents to the processing and recording of the Certificate of Compliance for Lot Merger / Lot Line Adjustment; and further acknowledges understanding of "Lot Merger / Lot Line Adjustment Process and Requirements" associated with this application.

PRINT OWNER'S NAME (as shown in Title Report): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

.....

PRINT OWNER'S NAME (as shown in Title Report): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

.....

PRINT OWNER'S NAME (as shown in Title Report): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

Use additional page if more space  
is required for additional owners