



Lot Line Adjustment – Application

Office Use		
Application No: LLA	CC	Date Filed:
Application Fees Paid:	Receipt:	Planner:

PROJECT SITE	
Briefly summarize the purpose and amount of land transfer:	
Zoning District:	General Plan Designation:
Project is located within: <input type="checkbox"/> Land Conservation Contract <input type="checkbox"/> State Responsibility Area <input type="checkbox"/> Suisun Marsh Management Area	

CONTACT INFORMATION			
Applicant Name			
Mailing Address	City	State	Zip
Phone	Email		
PROPERTY INFORMATION – LOT 1			
Property Owner			
Assessor's Parcel No.	Parcel Size		
Site Address	City	State	Zip
Phone	Email		
Mailing Address	City	State	Zip
PROPERTY INFORMATION – LOT 2			
Property Owner			
Assessor's Parcel No.	Parcel Size		
Site Address	City	State	Zip
Phone	Email		
Mailing Address	City	State	Zip

PROPERTY INFORMATION – LOT 3			
Property Owner			
Assessor's Parcel No.	Parcel Size		
Site Address	City	Zip	
Phone	Email		
Mailing Address	City	State	Zip
PROPERTY INFORMATION – LOT 4			
Property Owner			
Assessor's Parcel No.	Parcel Size		
Site Address	City	Zip	
Phone	Email		
Mailing Address	City	State	Zip
OTHER CONTACT INFORMATION			
Engineer / Land Surveyor Company:			
Contact Name			
Address	City	State	Zip
Phone	Email		
Title Company / Escrow Officer:			
Contact Name			
Address	City	State	Zip
Phone	Email		

FEE DISCLOSURE

Application Fees: Reference the [Planning Services Division Fee Schedule](#) for appropriate filing fees required as part of a complete application submittal. Insufficient filing fees may prevent the acceptance of an application. **By filing this application, the applicant acknowledges that the hourly billing rate of staff time may be charged if the project exceeds the number of hours included in the application fee. You will be notified if the project is approaching this threshold.**

CERTIFICATION

Owner and Applicant must sign below certifying that all information is to the best of his/her knowledge true and correct. Additionally, the undersigned does hereby authorize representatives of the County to enter the above-mentioned property for inspection purposes as may be necessary to process this application

I hereby certify that the statements furnished above, along with the application submittal documents present the data and information required for project review to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

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SIGNATURES	
Applicant	Date
Printed Name	
Property Owner	Date
Printed Name	
Additional Contact	Date
Printed Name	
Additional Contact	Date
Printed Name	