



# LOT LINE ADJUSTMENT APPLICATION

## I. BACKGROUND INFORMATION

Applicant/Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Site Address: \_\_\_\_\_

Township; Range; Section; Tax Lot: \_\_\_\_\_

Zone: \_\_\_\_\_ Parcel Size: \_\_\_\_\_

Existing Use/Structures: \_\_\_\_\_

Application Proposal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## II. REVIEW CRITERIA

Section 3.107.02, of the Amity Zoning and Development Code, establishes findings that must be addressed before granting approval of a Lot Line Adjustment. **The applicant must provide a written response to the following:**

1. A lot line adjustment cannot create or vacate a parcel. Creation or vacation of a parcel requires approval of a land division.
2. Following the lot line adjustment, all lots must comply with lot size and dimensional standards of the applicable land use district. For non-conforming lots, the adjustment shall not increase the degree of non-conformance of the subject property or surrounding properties.
3. If there are existing structures on the parcels, the lot line adjustment may not result in a setback violation.
4. The adjustment should not reorient or significantly reconfigure the lots or parcels.

III. APPLICATION REQUIREMENTS

- A.  Completed and signed application form.
- B.  Written response to the criteria in Item II., above.
- C.  Five (5) copies of the site plan drawn to scale. The site plan must include the following information (where applicable): existing and proposed structures, driveways, parking, landscaping, and significant natural features.
- D.  Names and addresses of all the property owners within 150 feet of the boundaries of the property. This list must be provided by a Title Company or the Yamhill County Assessor.
- E.  Copy of the latest deed, sales contract, or title report indicating property ownership.

IV. SIGNATURES

**NOTE:** All owners *MUST* sign this application or submit a letter of consent authorizing another individual to complete and sign application. Incomplete or missing information may delay the review process.

Applicant/Owner Signature	Date
Applicant/Owner Signature	Date

**For Office Use Only**

Submittal Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Received by: \_\_\_\_\_

Application Type: \_\_\_\_\_ Completeness: \_\_\_\_\_ 120 Day: \_\_\_\_\_

Staff Report Received: \_\_\_\_\_ Commission Hearing: \_\_\_\_\_

Application Deposit and Fee paid on: \_\_\_\_\_ Receipt \_\_\_\_\_

Cash    Check # \_\_\_\_\_ Refund  Yes, on: \_\_\_\_\_, check # \_\_\_\_\_    No