



City of Waterford
312 E Street
Waterford, CA 95386

www.cityofwaterford.org

APPLICATION LOT MERGER

Please Type or Print
 FEE DEPOSIT \$350.00

File No.	
Approved	
Department Use Only	

GENERAL INFO	LOCATION OF PROJECT (ADDRESS)	ASSESSOR'S PARCEL NUMBER(S)	ZONING
	NAME OF PROPOSED PROJECT		GENERAL PLAN DESIGNATION
	APPLICANT NAME	BUSINESS PHONE	HOME PHONE
	APPLICANT ADDRESS	CITY	STATE ZIP
	APPLICANT REPRESENTATIVE	BUSINESS PHONE	HOME PHONE
	APPLICANT REPRESENTATIVE ADDRESS	CITY	STATE ZIP
	PROPERTY OWNER NAME* (SIGNATURE REQUIRED BELOW)	BUSINESS PHONE	HOME PHONE
	PROPERTY OWNER ADDRESS	CITY	STATE ZIP

* In the case of a partnership, all general and limited partners shall be identified. In the case of a corporation, all shareholders owning 10% or more of the stock and all officers and directors shall be identified. Please use the Partnerships & Corporations form.

PROJECT INFO	PROJECT DESCRIPTION <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OFFICE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER					
	REASON FOR THE LOT MERGER:					
	APN	PROPERTY OWNER	ADDRESS	PHONE	EXISTING SIZE	RESULTING SIZE

	SUBMITTAL INFORMATION - See staff to determine which requirements apply.					
	<input type="checkbox"/> 6 PRELIMINARY MAPS ACCURATELY SHOWING: THE ENTIRE BOUNDARY LINES OF THE EXISTING LOTS WITH A NORTH ARROW, SCALE, LEGEND, AND WITH THE PROPERTY LINES FULLY DIMENSIONED, AND THE PROPOSED LOT LINE ADJUSTMENT(S). THE LOCATION AND USES OF ANY EXISTING OR PROPOSED BUILDINGS OR STRUCTURES, PUBLIC IMPROVEMENTS, VEHICULAR ACCESS, WATER COURSES, SEPTIC SYSTEMS, EXISTING TREES, SHRUBS, ROCKS, ETC., WHICH MAY BE DIRECTLY AFFECTED BY THE LOT LINE ADJUSTMENT(S). PLANS MUST BE EITHER REDUCED TO 11 X 17 OR FOLDED TO 8 1/2 X 14 MAX.					
<input type="checkbox"/> 1 COPY OF A PRELIMINARY TITLE REPORT ISSUED WITHIN THE LAST THREE MONTHS FOR EACH PARCEL TO BE MERGED						
<input type="checkbox"/> VICINITY MAP WITH NORTH ARROW						
PROPERTY OWNER'S CONSENT - I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.						
X _____						

DEPT	APPLICATION	RECEIVED BY	DATE	FEE RECEIVED \$	RECEIPT NUMBER
	PUBLIC HEARING	<input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT	DATE	FEE RECEIVED \$	RECEIPT NUMBER
	ENVIRONMENTAL REVIEW	<input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT CLASS _____	DATE	FEE RECEIVED \$	RECEIPT NUMBER