



LOT LINE ADJUSTMENT APPLICATION

PROPERTY 1:	_____
APN:	_____ Zoning: _____
Applicant Name:	_____
Full Mail Address	_____
Email:	_____ Telephone: _____

PROPERTY 2:	_____
APN:	_____ Zoning: _____
Applicant Name:	_____
Full Mail Address	_____
Email:	_____ Telephone: _____

ENGINEER/ SURVEYOR:	_____
Full Mail Address	_____
Email:	_____ Telephone: _____

Designated Contact (1): Property 1 Property 2 Engineer/Surveyor/Authorized Applicant

Reason for Lot Line Adjustment:	_____

IF MORE THAN TWO PROPERTIES ARE INVOLVED, DUPLICATE THIS FORM FOR PROPERTIES 3 & 4.

THE FOLLOWING ITEMS MUST BE SUBMITTED:

1. Original Application
2. Processing Fee
3. Documentation – see “SUBMITTAL REQUIREMENTS” on the Lot Line Adjustment Procedure.

AFFIDAVIT AND CERTIFICATION:

The undersigned person(s), having interest in the above described property, hereby submit this Application in accordance with the provisions of the Pacifica Municipal Code and the Subdivision Map Act; do hereby certify that the information given herein is true and correct to the best of my/our knowledge and belief.

Owner's Signature (Property 1) Date

Owner's Signature (Property 2) Date