

DEPARTMENT USE ONLY:
Receipt No _____ Fee _____
Project No. _____

TOWN OF PARADISE

APPLICATION FOR LOT LINE ADJUSTMENT

Owner/Applicant's Name _____ Phone _____

Owner/Applicant's Mailing Address _____

Engineer/Surveyor Name _____ Phone _____

Engineer/Surveyor Mailing Address _____

AP Number(s) _____

Property Location Address: _____

(NOTE: The signatures of all owners of record affected are required.)

Owner/Applicant Date AP#

Owner/Applicant Date AP#

Owner/Applicant Date AP#

Owner/Applicant Date AP#

Affected AP#s: Creation Date: Recorder's Serial Number:

1) _____

2) _____

3) _____

4) _____

NOTE: By signing this application, the applicant is indicating that the affected parcels are not included on any state or local list of hazardous sites compiled pursuant to California Government Code Section 65962.5, effective July 1, 1987.

FOR OFFICE/STAFF USE

Verify Receipt of: Yes No
Title report or lot book reports _____
Copies of vesting deeds _____
Copies of all parcel creation deeds _____