

Lot Line Adjustment Application – Chapter 16.36



Case No. _____

Date _____

All applications and submittal requirements must be discussed with a planner at the Permit Services Center (633 E. Broadway, Rm. 101) prior to submittal. After you have completed your application packet and are ready to submit it, schedule an appointment with your contact planner (name noted on your Application Instructions). A case planner will be assigned to your project after the application is officially submitted.

Please complete (PRINT or TYPE) the following information:

PART 1 – PROPERTY INFORMATION

A. Street address(es) _____

B. Zone(s) / District(s) _____

C. Listed on Glendale Register? Yes No In a Historic District? Yes No

D. Legal description of the property _____

PART 2 – APPLICANT INFORMATION

A. _____
First Name Last Name Email Address

B. _____
Street Address City State Zip Code Area Code - Phone Number

C. Check one box - Architect Builder/Developer Consultant Owner Other _____

PART 3 – LOT LINE ADJUSTMENT INFORMATION

A. Reason for lot line adjustment

B. Proposed street improvements

C. Describe deed restrictions now in effect that regulate the use of the land

D. Describe any building on the property

E. Number of existing parcels _____ Number of proposed parcels _____

F. List size of all proposed parcels in square feet _____

Note: The above information is required by various City departments. Failure to furnish this information will delay action on the request. Ten (10) copies of this application are to be submitted, with ten (10) copies of the proposed deed(s) and record of survey map.

ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED

ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION (If applicant is different than property owner, see below)

1. _____
 Record Owner's Name – **Please Print**

 Record Owner's Signature/s

 Street Address

 City State Zip Code

 Area Code - Phone No. Date

2. _____
 Record Owner's Name – **Please Print**

 Record Owner's Signature/s

 Street Address

 City State Zip Code

 Area Code - Phone No. Date

3. _____
 Record Owner's Name – **Please Print**

 Record Owner's Signature/s

 Street Address

 City State Zip Code

 Area Code - Phone No. Date

4. _____
 Record Owner's Name – **Please Print**

 Record Owner's Signature/s

 Street Address

 City State Zip Code

 Area Code - Phone No. Date

SIGNATURE AND NAME OF APPLICANT IF OTHER THAN PROPERTY OWNER

1. _____
 Applicant's Name – **Please Print**

 Record Owner's Signature

 Street Address

 City State Zip Code

 Area Code - Phone No. Date

 Date

2. _____
 Applicant's Name – **Please Print**

 Record Owner's Signature

 Street Address

 City State Zip Code

 Area Code - Phone No. Date

 Date

FOR STAFF USE ONLY	Date Stamp
<input type="checkbox"/> EIF/EIR on file; Case No. _____ Date _____	
<input type="checkbox"/> Previous EIF/EAF/EIR applicable; No. _____ (mins. attached)	
<input type="checkbox"/> Project Exempt (forms attached); Initials _____	
Date received in Permit Services Center _____	
Received by _____	
Fee paid _____	
Receipt No. _____	