



City of Durham

17160 SW Upper Boones Ferry Road
 Durham, OR 97224
 503-639-6851 Fax 503-598-8595
 citvofdurham@comcast.net

LOT LINE ADJUSTMENT APPLICATION

File: _____

Date: _____

PROPERTY OWNER 1				PROPERTY OWNER 2			
Name				Name			
Company				Company			
Address				Address			
City, State, ZIP				City, State, ZIP			
Phone				Phone			
Email				Email			
DESCRIPTION OF PROPERTY 1				DESCRIPTION OF PROPERTY 2			
Tax Map/Lot				Tax Map/Lot			
Size Before		Size After		Size Before		Size After	
Current Zoning				Current Zoning			
Existing Use				Existing Use			
Phone				Phone			
Narrative Statement							
Pre-App Meeting		Lot Line Adjustment		<p>Please provide four hard copies and an electronic copy of a site map, plans, and other documents with this application.</p> <p>An initial deposit is required. The City contracts with consultants for planning and engineering services. All planning and engineering costs for the proposed land use action are charged to the applicant.</p> <p>Proposed land use actions may require separate reviews from Clean Water Services, TVF&R, and Tigard Water Department.</p>			
Variance Needed		Brief Description					
Applicant's Representative							
Company							
Address							
Phone							
Email							
<p>I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts on this application is cause for cancellation of the application. By signing this application, the applicant and property owner agree to pay all fees associated with this application. <i>The information provided in this application is subject to disclosure in accordance with the Oregon Public Records Law.</i></p> <p>Property Owner 1: _____ Property Owner 2: _____</p> <p>*If the applicant is not the property owner, the applicant must attach documentation of their authority to act as an agent on behalf of the owners.</p>							
For City Use Only							
Date Received: _____ By: _____ Payment Received: _____ Receipt: _____ Date Application Complete: _____ Attest: _____							