

LLA No. _____

Date Filed: _____

Processing Fee: **\$315.00**

Received By: _____



**CITY OF EL CENTRO
PLANNING DEPARTMENT
APPLICATION FOR LOT LINE ADJUSTMENT**

Application is hereby made to the City of El Centro, County of Imperial, State of California, for a **Lot Line Adjustment** as set forth under Section 24-74, of the Subdivision Ordinance, of Chapter 24 of the City Code of the City of El Centro, California, as amended.

APPLICANT:

Name _____ Telephone No. (____) _____

Mailing Address _____

Name of Property Owner(s) (if different from above) _____ Telephone No. (____) _____

Mailing Address _____

Financial institution/Bank, providing funding for the project (if known) _____

Mailing Address _____ Telephone No. (____) _____

Applicant is the: (check one)

- Owner
- Purchaser under contract (provide proof)
- *Lessee, acting with written approval of the Owner (five (5) year minimum).
- *Agent, acting with written approval of the Owner of the property described hereinbelow.
- Other _____

*Submit written approval with application.

DESCRIPTION OF PROJECT SITE:

Legal:

Lot

Block

Subdivision

Assessor's Parcel No. _____

Street Address/Location _____

NEW LEGAL DESCRIPTION:

Lot	Block	Subdivision
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REQUIRED ATTACHMENTS:

1. Preliminary Title Report
2. A check made payable to the County Recorder's Office:
\$6.00 for the first page (8½" x 11")
\$3.00 for each additional page.
3. Copy of reproducible adjustment plat.
4. A check made payable to the City of El Centro for \$315.00.

NOTE: *Please be advised that the County Recorder will not record a certificate of compliance unless property tax payments are up to date. Please contact the Tax Collector's Office for a status of your property taxes prior to recordation.*

SIGNATURE:

I certify that I am the signer of the within application and have read the foregoing and certify that the contents herein are true and correct to the best of my knowledge and belief.

Date

Applicant Signature

Print Name

NOTE: *Please submit lot line adjustment application with the required attachments and the appropriate filing fees*

*To: Planning Department at City Hall
1275 W. Main Street
El Centro, California 92243*

Incomplete applications will not be accepted.

If you need assistance in completing the applications, please contact the Planning Department on weekdays, from 8:00a.m. to 5:00p.m., at (760) 337-4545.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }
County of Imperial } ss

On _____, before me, _____, personally appeared

- personally known to me
 proved to me on the basis of satisfactory evidence

to the person(s) whose name(s) are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal

Signature of Notary

Place Notary Seal Above