

CITY OF SAN JUAN CAPISTRANO

	Development Services Department 32400 Paseo Adelanto San Juan Capistrano, CA 92675 (949) 443-6331	Case File#: LLA	
	Date Received:	Received by:	
	Project Manager:	Fee:	

LOT LINE ADJUSTMENT

PROJECT DESCRIPTION AND PROPERTY INFORMATION

Project Name:			
Project Description:			
Property Address/Location:			
No. of Existing Lots:	No. of Proposed Lots:	Project Square Footage / Acreage:	<input type="checkbox"/> Sq. Feet <input type="checkbox"/> Acres
PARCEL 1 PROPERTY OWNER		PARCEL 2 PROPERTY OWNER	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone:		Phone:	
Email:		Email:	
Existing Use Of Property:		Existing Use Of Property:	
Proposed Use:		Proposed Use:	
PARCEL 3 PROPERTY OWNER		PARCEL 4 PROPERTY OWNER	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone:		Phone:	
Email:		Email:	
Existing Use Of Property:		Existing Use Of Property:	
Proposed Use:		Proposed Use:	

STATEMENT OF JUSTIFICATION FOR LOT LINE ADJUSTMENT

Please answer the following questions (print legibly or type):

Why are you requesting a lot line adjustment?

Response:

Does the Lot Line Adjustment result in a resubdivision (i.e. does the proposed change in lot lines significantly alter the configuration of the lots in terms of size, lot frontage, etc., or create an equal or lesser number of lots)? [Note: Lot Line Adjustments cannot create a greater number of lots.]

Response:

Does the Lot Line Adjustment affect an adjacent lettered lot (common ownership, greenbelt or open space area)? If so, would the original purpose of the lettered lot be adversely affected or diminish the amount of open space for the tract?

Response:

Will all lots proposed by the Lot Line Adjustment meet zoning standards for frontage, lot size, setbacks, open space area, etc.?

Response:

Does the title report establish clear applicant property ownership by grant deed?

Response:

Can the applicant obtain approval from all identified trust deed holders and provide modified trust deeds?

Response:

ESCROW/TITLE COMPANY INFORMATION

Company Name:	Contact Person:	Phone:
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Address:	City/State/Zip:
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ENGINEER'S INFORMATION

Name:	Phone:
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Mailing Address:	Fax No.:
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City/State/Zip:	E-Mail Address:
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R.C.E./L.S. License/Registration No.:	Registration/License Expiration Date:
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The plans, consisting of _____ pages, was prepared by me or under my direction, and I attest to the plan(s) accuracy.

Signature of Engineer/Surveyor

SUBMISSION REQUIREMENTS

- | | |
|--|--|
| <input type="checkbox"/> Title Report | <input type="checkbox"/> Modified/Notarized Grant Deed(s) |
| <input type="checkbox"/> Traverses | <input type="checkbox"/> Modified/Notarized Deeds of Trust |
| <input type="checkbox"/> Topographical Map (if required by City) | <input type="checkbox"/> Engineered Lot Line Adjustment Maps (2) |
| <input type="checkbox"/> Signed/Notarized Quitclaim Deed(s) | <input type="checkbox"/> Other |

PROPERTY OWNER(S) SIGNATURE(S)

(I/We) hereby certify as follows: (1) I am/We are the record owner(s) of all parcels proposed for adjustment by this application; (2) (I/We) have knowledge of and consent to the filing of this application to the City of San Juan Capistrano; and (3) All information contained in this application and submitted in connection with this application is true and correct.

Notarized Signature(s) Of Parcel 1 Owner(s):	Notarized Signature(s) Of Parcel 2 Owner(s):
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Notarized Signature(s) Of Parcel 3 Owner(s):	Notarized Signature(s) Of Parcel 4 Owner(s):
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**LOT LINE ADJUSTMENT APPLICATION CITY REVIEW
(This section for City staff use only)**

DEVELOPMENT SERVICES DEPARTMENT REVIEW

Case File #: LLA	Related Case File #s:
Project Manager:	Application received by:
Date Opened:	Amount of Fee:
Check Payor:	Receipt #: Check #:
Preliminary Review: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Comments:	Planning Director's Signature:
Final Review: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Comments: Signature Sheet Attached	Planning Director's Signature:

ENGINEERING DEPARTMENT REVIEW

Project Manager	Date Received
Final Review: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Comments: Signature Sheet Attached	City Engineer's Signature

RECORDATION BY CITY CLERK'S OFFICE

Date Received by City Clerk	Date Forwarded to County Recorder
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Applicant's check (payable to County Recorder) for Lot Line Adjustment and Deed recording fees received.

EXHIBIT A
LOT LINE ADJUSTMENT NO.

(Legal Descriptions)

Owners	Existing Parcels A. P. Numbers	Proposed Parcels Reference Number

EXHIBIT B
LOT LINE ADJUSTMENT NO.

(Map)

Owners	Existing Parcels A. P. Numbers	Proposed Parcels Reference Number