

# LOT LINE ADJUSTMENT APPLICATION

- CLARK COUNTY
- CITY OF DUBOIS
- CITY OF SPENCER



1. Legal Description			
Attach Proposed Record of Survey			
2. Owner	Address	City, State, Zip Code	Phone
3. Engineer/Surveyor	Address	City, State, Zip Code	Phone
4. Copy of Original and Revised Plat Map.	5. Describe the Reasons for proposed lot line adjustment.		
6. Names of Adjacent Property Owners	7. Address		
8. Signature	<p>This signature acknowledges that all information on this application and the attached plans is true and correct, AND that the activity permitted will be conducted in full compliance with all ordinances of the City or County, State, and Federal Laws; AND that the activity conducted will be in full compliance with any and all conditions imposed on this permit's approval or the approval of previous permits (conditional use permits, variances, etc.) required.</p> <p>This permit expires in two years in the activity authorized is not commenced OR if the activity commenced but abandoned for one year at any time before completion.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Applicant Signature <span style="float: right;">_____</span> Date</p>		
<b>OFFICIAL OFFICE USE</b>			
Application Accepted By: _____	Date: _____	Application Fee Received:	
Zoning District:	Checked for Minimum Lot Size: Complies:    Fails to Comply:	Checked for Easements Complies:    Fails to Comply:	
Conditions Imposed:			
			Additional Sheets may be attached as needed.
Permit approved by:	Date:		