



# City of Orland

Planning Division

815 Fourth Street  
 Orland, CA 95963  
 (530) 865-1600 FAX (530) 865-1632

[www.cityoforland.com](http://www.cityoforland.com)

Application No. \_\_\_\_\_

## MERGER OR LOT LINE ADJUSTMENT APPLICATION

APPLICANT INFORMATION		
Applicant:	Phone Number:	
Street Address:	Email:	
City:	State:	Zip:
Property Owner:	Daytime Phone:	
Street Address:	Email:	
City:	State:	Zip:
PROPERTY INFORMATION:		
Property Address(es):		
Assessor's Parcel No(s):	Property Acreage:	
Existing Land Use:		
No. of Residents on the Site:	No. of Registered Voters on Site:	
Yearly Sales Tax Generated Previous Tax Year (Commercial Properties Only):		
Subsequent Development Plans, if any, and Timing:		
Additional Information That May Be Helpful in Evaluating This Request:		

**REQUIRED SIGNATURES**

I hereby certify that this application and all other documents submitted are true and correct to the best of my knowledge and belief. **I also certify that I am the owner of the above property or have attached the owner's written consent to file this Application.**

**Note: By signing the front of this application form,** the applicant is indicating that the project is not included on any state or local list of hazardous waste sites compiled pursuant to California Government Code Section 65952.5, effective July 1, 1987.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

APPLICATION NO.	PROJECT NO.	DATE RECEIVED	DATE APPLICATION CERTIFIED COMPLETE	
FEES RECEIVED/CHECK NO.	CEQA DETERMINATION			DATE FILED
	EXEMPT <input type="checkbox"/>	N.D. <input type="checkbox"/>	M.N.D. <input type="checkbox"/>	EIR. <input type="checkbox"/>