



City of Orland

Planning Division

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

www.cityoforland.com

MERGER OR LOT LINE ADJUSTMENT APPLICATION

| APPLICANT INFORMATION | | |
|--|--------------------------------------|------|
| Applicant: | Phone Number: | |
| Street Address: | Email: | |
| City: | State: | Zip: |
| Agent/Representative (If any): | Phone Number: | |
| Street Address | Email: | |
| City: | State: | Zip: |
| Property Owner: | Phone Number: | |
| Street Address: | Email: | |
| City: | State: | Zip: |
| PROPERTY INFORMATION: | | |
| Property Address(es): | | |
| Assessor's Parcel No(s): | Property Acreage: | |
| Existing Land Use: | Existing Zoning District: | |
| Number of Residents on the Site: | Number of Registered Voters on Site: | |
| Yearly Sales Tax Generated Previous Tax Year (Commercial Properties Only): | | |
| Subsequent Development Plans, if any, and Timing: | | |
| Additional Information: | | |

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 | N.D. | M.N.D. | EIR. | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |