

TRINITY COUNTY PLANNING DEPARTMENT

Requirements for Complete Lot Line Adjustment, Certificate of Merger and Certificate of Compliance

The following items are REQUIRED for a complete application:

- COMPLETED AND SIGNED APPLICATION FORM
- SEVEN (7) COPIES OF A SITE PLAN which clearly provides the following information:
 - a. Existing, proposed and/or abandoned property lines, with dimensions, of the lots affected. Approximate area of the new lots shall be indicated.
 - b. Assessor's Parcel Number and street address (if parcel is addressed), for each affected lot.
 - c. Location of roads, easements, fences, structures, sewage systems, well and/or water lines, and any other improvement on the lot affected.
 - d. Unless sewage systems already exist on all affected parcels, or unless both public sewer and water systems are proposed to serve the project, the following features shall be shown to determine the amount of usable parcel area:
 - Approximate boundaries of gravel bars, dredge tailings, rock outcrops and areas with slopes greater than 30%.
 - Approximate boundaries of areas subject to landslide or flooding hazards.
 - Approximate high water limits of lakes, ponds, rivers streams and wetlands.
 - location of soil percolation test holes and test wells.Standard site plan scale is 1' = 100', unless a different scale is approved by the County Surveyor. Standard drawing size is 18"X26". All larger maps must be folded to fit in an 8 ½ X 11 folder.
- LEGAL DESCRIPTIONS of the reconfigured lots, which have been prepared by a licensed surveyor. The legal descriptions must be wet-stamped (surveyor's stamp with original signature). Legal description of lot configured by merger.
- PRELIMINARY TITLE REPORT for each affected parcel (consisting of easements, deeds of trust, ownership, legal descriptions), dated within the last six months.
- APPLICATION FEES are required at the time the application is submitted to the Planning Department. Recording fees will also be collected at completion of project (\$14.00 first page and \$3.00 for every page thereafter).
- ADDITIONAL REQUIREMENT FOR CERTIFICATE OF COMPLIANCE is that a deed or patent verifying creation of each parcel must be submitted with the application. Also, verification of legal access to the property is required.

Following preparation of the Notice of Lot Line Adjustment by the Planning Department, but prior to final approval, the following will be required:

- a. NOTARIZED SIGNATURES of property owner(s) on the Notice of Lot Line Adjustment; and
- b. TAX COLLECTOR'S CERTIFICATE (certificate valid for 60 days)

NOTE: It is the applicant's responsibility to record a deed transferring title of the adjusted area. The deed must be recorded within two years of approval or the approval will expire and be invalid.



Application Number: _____

**TRINITY COUNTY
PLANNING DEPARTMENT**

61 AIRPORT ROAD
P.O. BOX 2819
WEAVERVILLE, CA 96093
(530) 623-1351 FAX (530) 623-1353

Application Form For:
**LOT LINE ADJUSTMENT,
CERTIFICATE OF MERGER
& CERT. OF COMPLIANCE**

- Lot Line Adjustment
- Merger
- Certificate of Compliance

APPLICANT

Email: _____

Name: _____ Day Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

PROPERTY OWNER Check if same as Applicant (If more than one property owner is involved, attach list.)

Name: _____ Day Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

PROJECT SURVEYOR / ENGINEER

Email: _____

Firm Name: _____ Day Phone: _____

Name: _____ License No.: _____

Address: _____

City: _____ State: _____ Zip: _____

PROJECT DESCRIPTION

Property Location/Address: _____

Assessor's Parcel Number(s): _____

Present Zoning: _____ Present General Plan: _____

Existing Land Use: _____ No. of Lots Involved: _____

Existing Parcel Size(s): _____ Size(s) After Action: _____

Purpose of Lot Line Adjustment or Merger: _____

FOR OFFICE USE ONLY

Application Received by: _____

Date: _____

First Hearing: _____

Application Fee: _____

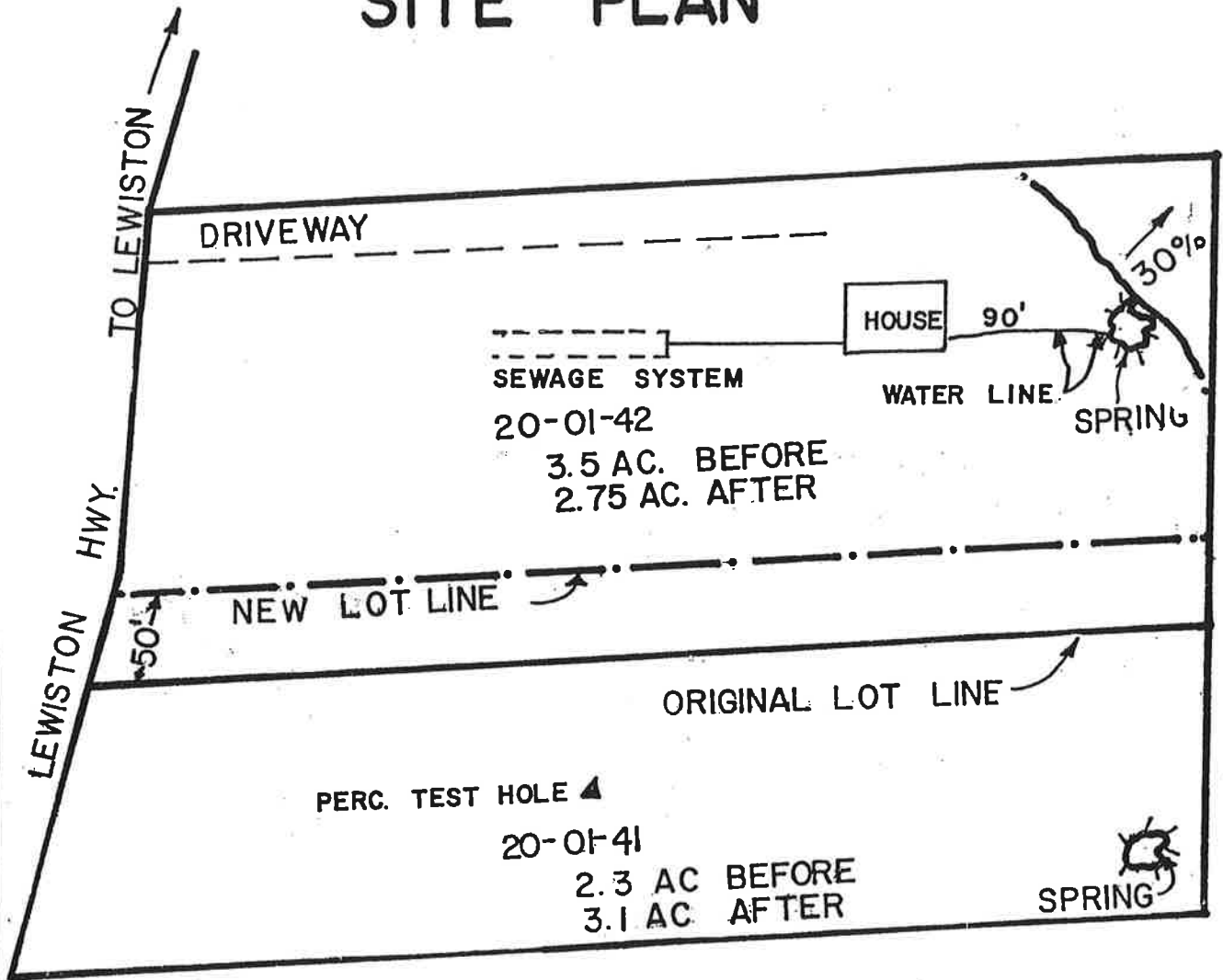
Receipt No.: _____

I hereby certify that I am the owner of record of the property described above, or have authorization to act in behalf of the owner of the owner (note attached), and that this application and all other documents submitted are true and correct to the best of my knowledge and belief.

Applicant's Signature

Date

SITE PLAN



EXAMPLE

NAME & ADDRESS:
J. S. SMITH P.O. Box 001
LEWISTON, CAL.

PARCEL NO. 20-01-41 & 42

ZONING: U

LOT AREA: 3.1 AC.

SEC. 27 TWN. 33N RGE. 9E.

MER. M.D.B.M. SCALE: 1"=100'

DATE: 10-1-77

PHONE NO. 623-9999.

LOT LINE ADJUSTMENT

SITE PLAN

TRINITY COUNTY PLANNING DEPARTMENT

APPLICANT PREPARED SITE PLAN	
Application No	
Drawn By:	APN:
Date:	Zoning:
Scale	Lot Area:



TRINITY COUNTY
COMMUNITY DEVELOPMENT SERVICES
PLANNING DEPARTMENT

61 AIRPORT ROAD
P.O. BOX 2819
WEAVERVILLE, CA 96093
(530) 623-1350 FAX (530) 623-1353

Kim Hunter, Director

Agent's Authorization Form

(Required only if Applicant is other than the property owner)

I, the undersigned, state that I am the owner(s) of the property for the proposed (type of proposal) _____
_____ on

A.P.N.# _____. I do hereby authorize and empower *(first & last name, no corporate entities)*
_____ to act on my behalf on all matters
relating to said project in connection with its filing, processing, approval, conditional approval or
disapproval by Trinity County, its boards and commissions, officers, employees, and agents.
Should I revoke this authorization it is my responsibility to serve written notice of said
revocation to the Trinity County Planning Department.

1. _____
Signature

Owner (print name)

Address

Phone

Date

2. _____
Signature

Owner (print name)

Address

Phone

Date

Agent Information:

Name (print name): _____

Agents Address: _____

Agents Phone: _____

Agents Email: _____

Preferred method of contact: ____ email ____ phone ____ US mail