



Case Number: LLA_____

LOT LINE ADJUSTMENT APPLICATION
INSTRUCTIONS FOR FILING

Chapter 11.15

This application (**plus two copies of the completed application**), and all necessary submittal requirements must be properly completed and have original signatures of the applicant(s) and property owner(s). **All fees and application materials must be received at the time of filing.**

FILING FEE SCHEDULE

Revised 7/2011

APPLICATION TYPE	FLAT FEE
<u>Lot Line Adjustment:</u>	
Planning Fee	\$210.00
• GIS/GPU/ZO Maintenance Fee	\$120.00
Public Works Fee	\$420.00
Environmental Health Fee	\$131.00
<i>Total Initial Submittal \$881</i>	

	OTHER RELATED FEES (Fee due prior to Recording)
Recording Certificate/ Review of Legal Description	
Public Works Fee	\$420.00

SUBMITTAL REQUIREMENTS

1. One copy of the current vesting deeds for each of the existing parcels encompassed by this application.
2. One copy of a current Preliminary Title Report or Lot Book Report in the current user's name, prepared within the last six (6) months for each parcel.
3. One copy of the Assessor's Parcel Map with the subject parcels clearly identified.
4. This original application (**plus two copies of the completed application.**)
5. **Map Requirements:** One copy of the map on an 11" x 17" sheet and six (6) copies of the map on 18" x 26" sheets and folded to a size of no greater than 7" x 10" prior to acceptance. The plan must be drawn to scale and clearly indicate all dimensions and other pertinent information including the following:
 - a) Name and address of owners of record for all parcels.
 - b) Name and address of person who prepared map (all maps must be professionally prepared).
 - c) Current Assessor's Parcel Number(s)
 - d) Existing dimensions and acreage.

- e) A scale and north arrow.
 - f) A location/vicinity map identifying the project site within an identifiable geographic area.
 - g) The location and dimensions of all existing buildings and structures including location from property lines.
***NOTE: Fire Dept. Review Fees are applicable if there are existing Structures.**
 - h) Approximate lay-out and dimensions and acreage of each proposed parcel. Each parcel shall be separately identified by a letter or other appropriate designation.
 - i) Parcel lines to be moved or removed shall be clearly and distinctly defined.
 - j) Location and nature of all utilities including septic tanks, leach fields, and community sewage systems and potable water sources in accordance with the requirements of the Yuba County Environmental Health Department.
 - k) The name, location, and width of all existing interior, abutting, and proposed streets and easements.
6. **Soil studies if applicable (consult the Yuba County Environmental Health Department).**
7. Other information as may be required to facilitate a comprehensive evaluation of the application by the Yuba County Staff Development Committee.
8. The **“Agreement to Pay”** form completed.



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LOT LINE ADJUSTMENT APPLICATION

File in Person to: *Yuba County Community Development & Services Agency – Planning Department*
915 8th Street, Suite 123, Marysville, CA 95901
(530) 749-5470 main * (530) 749-5434 fax

NOTE:

APPLICATIONS THAT ARE NOT COMPLETELY FILLED OUT AND WHICH DO NOT HAVE ALL THE REQUIRED SUBMITTALS WILL NOT BE ACCEPTED FOR FILING. STAFF'S ACCEPTANCE OF THE APPLICATION OR DEEMING THE APPLICATION COMPLETE DOES NOT IMPLY THAT STAFF WILL RECOMMEND APPROVAL_____ (INITIAL) OR THAT YOU WILL RECEIVE APPROVAL FROM THE HEARING BODY.

Contact Information:

Please check the appropriate box below.

BILL TO PROPERTY OWNER APPLICANT ENGINEER OTHER: (must submit contact information)

Applicant(s):

Name: _____

Address: _____

Street _____ City/State/Zip _____

Phone: (Business) _____ (Home) _____ Email: _____

Property Owner(s):

Applicant(s):

Name: _____

Address: _____

Street _____ City/State/Zip _____

Phone: (Business) _____ (Home) _____ Email: _____

2nd Property Owner(s):

Applicant(s):

Name: _____

Address: _____

Street _____ City/State/Zip _____

Phone: (Business) _____ (Home) _____ Email: _____

Engineer/Surveyor:

Name: _____

Contact: _____

Address: _____

Street _____ City/State/Zip _____

Phone: _____ (Fax) _____ Email: _____

APPLICANT'S/OWNER'S* DECLARATION UNDER PENALTY OF PERJURY

(Must be signed by the Applicant and the Property Owner)

I am (we are) the owner(s) of the property that is the subject of this application and I (we) have completed this application and all other documents and maps required herein, or have permitted the person(s) identified as the Applicant on Page 1 of this application to do so on my (our) behalf. Owner and/or Applicant hereby certify that the information and statements made herein are, in all respects, true and correct to the best of my (our) knowledge and belief.

I (we) also declare under penalty of perjury that the foregoing is true and correct as evidenced by my (our) signature(s) below.

Property Owner(s):

Print: _____ Signed: _____ Date: _____

Print: _____ Signed: _____ Date: _____

Applicant(s):

Print: _____ Signed: _____ Date: _____

*Note: If the owner or applicant is other than an individual(s), a copy of a Resolution from the corporation or partnership agreement authorizing this application must be attached hereto.

Project Description:

Location of Project:

Description of Proposal:

Current Zoning of Property:

Proposed Size of New Parcels

Additional Information that may be helpful or necessary to evaluate this request:

TO BE COMPLETED BY THE PLANNING DEPARTMENT

Date Filed: _____ By: _____

TPM Fee Paid: _____ EA Fee Paid: _____

Receipt Number: _____

Notes: _____

For Department Use Only

GP Designation: _____ Zoning Designation: _____ Chapter: _____ Property Owner Verified: Yes

No Minimum lot size allowed: _____ More Info Complete: Yes No

Setbacks: F _____ R _____ S _____ C _____ Special _____ Trakit information complete: Yes No OPUD Clearance Yes No N/A

Application reviewed by: _____ Date: ___/___/___



Community Development & Services Agency

915 8th Street, Suite 125, Marysville, CA 95901

Phone: (530) 749-5430 Fax: (530) 749-5424

Web: <http://www.co.yuba.ca.us>

Agreement to Pay Form for Project #: _____

RECITALS

The costs to provide specific project related services are billed to the applicant at an hourly rate pursuant to the Yuba County Ordinance Code Chapter 13. As listed in the fee schedule of Chapter 13, the fees for services that have an applicable hourly rate have the word "deposit" beside the fee amount. This initial deposit amount and an original completed Agreement to Pay Form must be submitted to the Community Development and Services Agency (CDSA) in order for services to begin and be assessed at the specified hourly rate. The herein fees are intended to compensate CDSA for staff time and/or consultant time spent on the applicant's project.

Any person acting on behalf of the property owner for the work referenced below shall be requested to present documentation evidencing that they are the owner's representatives. This may include Power of Attorney, a notarized statement from the property owner or a copy of a contractual arrangement.

TERMS OF AGREEMENT

I/We understand that Yuba County Ordinance Code Chapter 13 requires a deposit for services and CDSA will bill as services are rendered against that deposit. I/We agree to pay any required additional deposit(s) to maintain a positive deposit balance. I/We understand that all services by CDSA will cease for this project if the deposit is depleted to zero balance and a request for an additional deposit payment has not been fulfilled by the applicant within 30 days of the request. I/We further understand that until CDSA receives written notification of a change in the information provided below, I/We am/are responsible for payment for all services performed by CDSA. I/We understand that upon completion of the project any unused portion of the deposit will be returned to the applicant at the billing address on file or to any written change of address on file with CDSA.

In the event there is an outstanding balance due for the project and the request for payment is 90 days or more past due, I/We agree to allow and hereby consent to the delinquent payment amount being made by the Yuba County Board of Supervisors for placement of a lien on the property equal to the past due amount plus additional penalties as described in Yuba County Ordinance Code Chapter 13.

SITE INFORMATION	BILLING INFORMATION
APN:	Project Name:
Property Owner/Business Name:	Applicant:
Address:	Address:
Telephone:	Telephone:

I declare under penalty of perjury under the laws of the State of California that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning CDSA Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment and failure to pay could result in a judgment or other lien being placed on the above referenced property. I further agree to advise CDSA in writing should I no longer be associated with the above referenced project/property and identify the new responsible party.

Signature _____ Dated: _____ CDL# _____

Printed Name _____ Telephone # _____