

APPLICATION FOR BOUNDARY LINE ADJUSTMENT

No. of parcels x \$60.00 = _____
Plus base fee = \$500.00

Application No. _____

Date Received _____

TOTAL FEE _____

PLEASE READ INSTRUCTIONS THOROUGHLY BEFORE FILLING THIS OUT

All names must be the same as vested title
OWNER'S NAME: _____

All names must be the same as vested title
OWNER'S NAME _____

Mailing Address: _____

Mailing Address: _____

City State Zip

City State Zip

SUBJECT PARCEL

Assessor's Parcel No. _____

Reason for adjustment: _____

SUBJECT PARCEL

Assessor's Parcel No. _____

At the time of submittal the following is to be provided:

1. Copy of current deed(s) showing vested title.
2. Sketch map (8 1/2 x 11) as per instruction sheet.
3. A fee of \$500.00 plus \$60.00 per parcel. (Check made payable to the Amador Co. Surveying Dept.)
4. If there are public easements along the existing lot lines, the easements are required to be abandoned before the lot line(s) can be adjusted. A fee of \$400.00 will be paid to the Amador Co. Surveying Dept.
5. Map checking and recording fees will be extra.

This application is valid one year from the date of approval. A one year extension may be granted.

WE UNDERSTAND THAT APPROVAL OF THIS APPLICATION BY THE COUNTY OF AMADOR WILL NOT EFFECT A CHANGE, REVISION, OR TRANSFER OF THE TITLE, IN ANY PROPERTY BOUNDARIES. SUCH CHANGE WILL ONLY BE EFFECTED BY CONVEYANCES PROPERLY EXECUTED BY THE APPROPRIATE HOLDERS OF RECORD TITLE INTEREST IN THE PROPERTY TO BE CONVEYED. IF THE PROPERTY IS ENCUMBERED BY EXISTING BENEFICIAL OR LIEN HOLDERS INTEREST. A FORECLOSURE OF SUCH INTERESTS, COULD RESULT IN A COMPLETE OR PARTIAL CANCELLATION OF THE ADJUSTMENT.

The adjustment applied for is illustrated on an attached drawing which is part of this application.

OWNERS SIGNATURES(S)

_____ Date _____
_____ Date _____
_____ Date _____
_____ Date _____

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_____ Date _____
_____ Date _____
_____ Date _____
_____ Date _____