

**FRANCIS CITY  
Lot Line Adjustment  
APPLICATION**

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**NOTE: Please read Chapter 17 & 18 of the Francis City Code in detail before submitting this Application.**

Name of Owner (s)

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Address:

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Mailing Address (if different)

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Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

Name of Applicant or Authorized Agent(s)

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Agent Address:

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Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

Owners Signature of Authorization to file:

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(a)\_\_\_\_\_ Certified Survey is required of said property listed above.

(b)\_\_\_\_\_ Include a legal description of the property and all contiguous holdings of the owner(s) with an indication of the portion which is proposed to be adjusted.

(c) \_\_\_\_\_ What zone is the property? (See official zone map.)

Is a Zone Change necessary for this project? YES\_\_\_\_\_ NO \_\_\_\_\_, if yes, attach a Zone Map Change Application.

Requested Zone:

(d) \_\_\_\_\_ General description of project include a site map.

Lot Line Adjustment paid at the time of application \$250.00\_\_\_\_\_Pd.\_\_\_\_\_Initials

**APPLICANT CERTIFICATION:**

I certify under penalty of perjury that this application and all information submitted as part of this application is true, complete and accurate to the best of my knowledge. I also acknowledge that I have reviewed the City Development Codes and that items contained in this application are basic and minimum requirements only and that other requirements may be imposed that are unique to individual projects or uses. I agree also to comply with any and all applicable City Development Codes in effect at this time. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I understand that Francis City may rescind any approval, or take any other legal or appropriate action. I also agree to allow the Planning Commission, City Council or appointed agent(s) of the City to enter the subject property to make any necessary inspections thereof.

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