

BAKER CITY-COUNTY PLANNING DEPARTMENT



1995 Third Street, Suite 131
 Baker City, OR 97814
 Phone: (541) 523-8219
 Fax: (541) 523-5925



File No.	PLA- _____ - _____
Received By:	_____
Date Submitted:	_____
City Planning:	101-131-3-40-4104
Fee Collected: \$	_____
Date Paid:	_____
Receipt By:	_____

MAKE CHECKS PAYABLE TO: **BAKER COUNTY**

PROPERTY LINE ADJUSTMENT APPLICATION

PRINT ON 8.5 X 14 PAPER

A Property Line Adjustment is the relocation of a single common property line between two abutting properties, in conformance with ORS 92.010(11). Specific requirements are provided in Baker City Development Code (BCDC) Section 4.3.210.

Applicant Name: _____ Phone: _____

Mailing Address: _____ Interest in Property: _____

Email Address: _____

NOTICE TO APPLICANT: On original application form, please print legibly using black/dark blue ink or type. Applicants are advised to review the list of submittal requirements and recommendations indicated on each land use application form and in the applicable Code Section prior to submitting an application. Incomplete applications will not be scheduled for review until the Planning Department receives all required submittal materials. Failure to provide materials or address the approval criteria in sufficient detail may cause your application to be delayed or denied.

Parcel #1 Information (Parcel Increased):

Property Owner or Title Purchaser: _____

Address: _____ Map & Tax Lot #: _____ Zoning: _____

Phone Number: _____ Email Address: _____

Parcel #1 Owner Signature: _____ Date: _____

Fee Owner or Title Holder: _____ Tax Reference #: _____

Lien Holder or Lender Signature: _____ Date: _____

Parcel #2 Information (Parcel Decreased):

Property Owner or Title Purchaser: _____

Address: _____ Map & Tax Lot #: _____ Zoning: _____

Phone Number: _____ Email Address: _____

Parcel #2 Owner Signature: _____ Date: _____

Fee Owner or Title Holder: _____ Tax Reference #: _____

Lien Holder or Lender Signature: _____ Date: _____

Please complete all fields	Parcel Area		Parcel Width		Parcel Depth	
	Existing	Proposed	Existing	Proposed	Existing	Proposed
Code required minimum						
Parcel 1 (increased)						
Parcel 2 (decreased)						

By signing the application form, applicant certifies that the information provided herein is accurate. Applicant further certifies that he/she is authorized to make the application and that there are no covenants, conditions or restrictions (CC&Rs) that may limit or prohibit the proposed adjustment. The City of Baker City does not monitor, nor does the City have enforcement authority over CC&Rs. Applicant further certifies that the adjustment will be surveyed and a survey will be filed with the Baker County Surveyor pursuant to ORS 92.060(7).

Applicant Signature: _____ Date: _____

Submittal Requirements:

- Original APPLICATION FORM signed by all parties. Multiple forms may be used if necessary.
- PRELIMINARY LOT LINE MAP or PRELIMINARY MAP OF SURVEY showing the proposed line to be adjusted, and all structures present on both properties, including distance from current and proposed property lines.

CERTIFICATION THAT PROPERTY TAXES ARE PAID IN FULL FOR EACH PARCEL

I hereby certify that all taxes for the properties identified in Sections A and B of this application, and that are the subject of this request, have been paid in full as required by Chapter 310.02 of the Baker County Zoning Ordinance.

Baker County Treasurer _____ Date: _____

****FOR DEPARTMENT USE ONLY****

Planning Department Review:

1. This request for a lot line adjustment has been reviewed and () IS () NOT* APPROVED.
***DO NOT RECORD IF NOT APPROVED**
2. A separate report entitled Decision for Property Line Adjustment _____ was issued on _____ (date). A copy of the report may be seen in the file located in the Baker City~County Planning Department.
3. The adjusted property line is required to be surveyed in accordance with ORS 92.060(7). A survey map must be prepared by an ***Oregon Registered Professional Land Surveyor*** and filed with the County Surveyor for Baker City within one year of approval.

Planning Official Signature *Date*

**THIS DOCUMENT IS NOT RECORDABLE
UNTIL IT IS SIGNED BY THE PLANNING OFFICIAL.**

***THIS SPACE RESERVED FOR USE BY
THE COUNTY RECORDING OFFICE***