



LOT CONSOLIDATION APPLICATION REQUEST

NOTE: COMPLETE SECTIONS IN WHITE.

Application # _____	Date _____	Reviewed By _____
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Subject Property Address _____

Applicant Name _____ Address _____
 Phone _____ Fax _____ E-mail _____

Owner/Developer _____ Address _____
 Phone _____ Fax _____ E-mail _____

Engineer/Architect _____ Address _____
 Phone _____ Fax _____ E-mail _____

Agent for Owner _____ Address _____
 Phone _____ Fax _____ E-mail _____

Zoning District _____
 Present Use _____ Proposed Use _____

Legal Description	Lot	Block	Addition
Surrounding Zoning	North	South	East
Specific Action Requested			

Application Fee	Account Number: 08-01-490000-000	Cost \$50.00
Tech Review Date:	Site Plan	5 Copies

APPLICANT: I THE UNDERSIGNED APPLICANT, DO HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAW AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW.

SIGNATURE: _____ **DATE:** _____

STAFF APPROVED	DENIED
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PLEASE RETURN THE ORIGINAL TO THE COMMUNITY DEVELOPMENT DEPARTMENT