



APPLICATION FOR LOT LINE ADJUSTMENT

For Office Use Only			
Fee: \$50.00	Receipt #: _____	Date Received: _____	Hearing Date: _____
Date Approved: _____	Approved By: _____		

Name: _____

Authorized Agent (if applicable): _____

Phone # (____) _____ Cell # (____) _____ Fax # (____) _____

Email: _____

Mailing Address: _____

Address of Proposed Lot Line Adjustment _____ Lot Numbers _____

Purpose of Lot Line Adjustment _____

Zoning District: MSC RM6 MR6S HSC MR15
(Circle One)

PURPOSE

The Zoning Administrator may require the approval of a lot line adjustment be forwarded to the Planning Commission.

1. Adjustment only includes 2 adjacent lots.
2. Adjustment does not change the use of the land.
3. Adjustment does not have an impact on the health, safety, or general welfare of the surrounding properties.

APPLICATION REQUIREMENTS

All applications for lot line adjustments shall include the following:

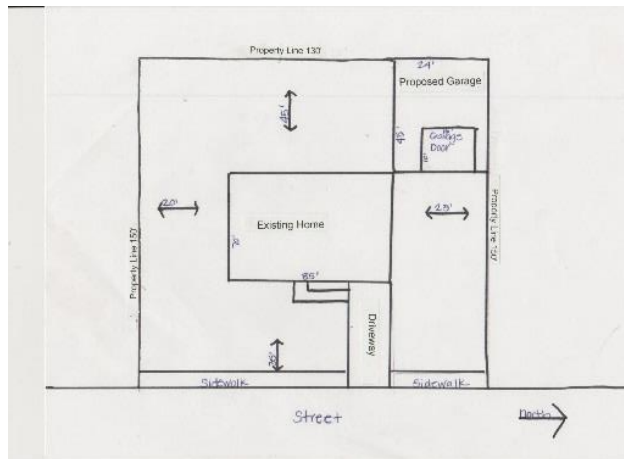
(1)_____ A scaled drawing the proposed lot line adjustment. The drawing shall include the following information:

- (a)_____ The location of adjacent streets.

- (b)_____ The location of each lot affected by the adjustment.
- (c)_____ Lot dimensions and lot sizes of the subject properties before and after the proposed lot line adjustment.
- (d)_____ A list of all property owners within 300 feet of the exterior boundaries of the subject property; Contact the Beaver County Recorder’s Office at 435-438-6484 for this information.
- (e)_____ Notarized Property Affidavit.

- Plot Plan drawn to scale including the following:
 - Minimum paper size of 8 ½ X 11
 - Property boundaries and dimensions
 - Existing and proposed buildings, parking, landscaping and signs.
 - North Arrow

Sample Plot Plan



PROPERTY OWNER AFFIDAVIT

STATE OF _____ §
COUNTY OF _____

I (we), _____, being duly sworn, depose and say that I (we) am (are) the owners(s) of the property identified in the attached application and that the statements herein contained and the information provided in the attached plans and other exhibits are in all respects true and correct to the best of my (our) knowledge. I also acknowledge that I (we) have received written instruction regarding the process for which I (we) am (are) applying and the Milford City Staff have indicated they are available to assist me in making this application.

DATED this _____ day of _____ 20_____.

Property Owner Signature

Property Owner Signature

Subscribed and sworn/affirmed to before me this ____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

AGENT AUTHORIZATION AFFIDAVIT

STATE OF _____ §
COUNTY OF _____

I (we), _____, the owner(s) of the real property described in the attached application, do authorize as my (our) agent(s), _____, to represent me (us) regarding the attached application and to appear on my (our) behalf before any administrative or legislative body in the City considering this application and to act in all respect as our agent in matters pertaining to the attached application.

DATED this _____ day of _____ 20_____.

Property Owner Signature

Property Owner Signature

Subscribed and sworn/affirmed to before me this ____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

Lot Line Adjustment Review Process

