



**CITY OF PHILOMATH**

980 Applegate Street  
PO Box 400  
Philomath, OR 97370

**Office:** 541-929-6148  
**FAX:** 541-929-3044

www.ci.philomath.or.us

**A P P L I C A T I O N**

**LOT LINE ADJUSTMENT**

**Application Fee: \$ 300**

**ALL SECTIONS MUST BE COMPLETED. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
REVIEW WILL BEGIN ONLY WHEN THE APPLICATION IS DETERMINED TO BE COMPLETE.**

**PROPERTY 1 (ONE) OWNER (OR CONTRACT PURCHASER) INFORMATION**

Names(s): \_\_\_\_\_ Phone #1: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Site Address: \_\_\_\_\_

Assessor's Map & Tax Lot Number(s): \_\_\_\_\_ Zoning: \_\_\_\_\_

Existing Structures: \_\_\_\_\_

Square Footage to be transferred to Property 2 (two): \_\_\_\_\_

Current Square Footage: \_\_\_\_\_ Resulting Square Footage: \_\_\_\_\_

Is this lot in a subdivision?  Yes  No      Is this parcel in a partition?  Yes  No

**PROPERTY 2 (TWO) OWNER (OR CONTRACT PURCHASER) INFORMATION**

Names(s): \_\_\_\_\_ Phone #1: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Site Address: \_\_\_\_\_

Assessor's Map & Tax Lot Number(s): \_\_\_\_\_ Zoning: \_\_\_\_\_

Existing Structures: \_\_\_\_\_

Current Square Footage: \_\_\_\_\_ Resulting Square Footage: \_\_\_\_\_

Is this lot in a subdivision?  Yes  No      Is this parcel in a partition?  Yes  No

Other individuals to be notified of this application (i.e., land surveyor, etc.): *Name, Address, City & Zip, or Email*

---

---

---

---

**REQUIRED APPLICATION INFORMATION** (PMC 18.115.120)

The information listed below must be submitted with the application and will be used to determine if the application complies with the requirements for a lot line adjustment.

1. A map that illustrates all properties to be consolidated. A survey is not required in order to apply. The map shall be prepared on a sheet that is between 8 1/2 x 11 inches or 11 x 17 inches in size. The scale shall be one inch equals some multiple of 10 feet. The map shall show:
  - Date, north arrow, and scale.
  - The entire boundary of all properties involved.
  - The location of existing property lines and the proposed new lot lines.
  - The location and size of buildings and driveways and the setbacks of existing buildings to existing and proposed lot lines. The location of existing fences and walls.
  - The location, width, and purpose of easements.
2. A copy of the deed(s) covering the properties.

**REVIEW CRITERIA**

The proposed properties being consolidated must comply with the following criteria in order to be approved:

1. No additional parcel, other than the resultant property or lot, is created by the consolidation, however the number of lots or parcels may be reduced.
2. Lot standards. All lots and parcels comply with the applicable lot standards of the land use district in which they are located including lot area and dimensions.
3. Access. All lots and parcels comply with the standards or requirements of Chapter 18.65—Access and Circulation.
4. Setbacks. The resulting lots, parcels, tracts, and building locations comply with the standards of the land use district in which they are located.

**REQUIRED MINIMUM CONDITIONS OF APPROVAL**

The Conditions of Approval listed below will apply to all property consolidation approvals. Additional conditions may be imposed.

1. A deed, including a legal description of outer boundary of the consolidation and an exhibit map that reflects the consolidation, shall be recorded with the Benton County Recorder's Office.
2. Prior to the filing of the deed and exhibit map, the exhibit map and deed shall be reviewed and signed by the City Planning Official.
3. A copy of the recorded deed and filed exhibit map shall be provided to the City Planning Official after recording.

**Signature(s)**

I hereby certify that the information contained in this application is accurate to the best of my knowledge; and that the proposed use would not violate any deed restrictions attached to the property. All owners of the property must sign this application or a statement authorizing the applicant to act for the owner must accompany the application.

Property 1 (One) Owner (or Contract Purchaser) Signature	Date
Property 1 (One) Owner (or Contract Purchaser) Signature	Date
Property 2 (Two) Owner (or Contract Purchaser) Signature	Date
Property 2 (Two) Owner (or Contract Purchaser) Signature	Date

*For Office Use Only*

Date Application Received: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ By: \_\_\_\_\_

Internal File Number: \_\_\_\_\_ ePermitting File Number: \_\_\_\_\_

Planner Assigned: \_\_\_\_\_ Date Application Deemed Complete: \_\_\_\_\_