

Parcel # _____ Reception # _____ approved date: _____

SAGUACHE COUNTY LAND USE
PO BOX 326 - SAGUACHE, CO 81149
(719)655-2321 FAX (719)655-2635
landuse@saguachecounty-co.gov

LOT LINE ADJUSTMENT APPLICATION

PROPERTY OWNER NAMES _____

MAILING ADDRESSES _____

CITY, STATE, ZIP _____ PHONE _____

PROPERTY ADDRESSES _____

LEGAL DESCRIPTION OF PROPERTIES _____

SUBDIVISION NAME _____

THIS REQUEST IS TO ADJUST THE LOT LINE BETWEEN LOT _____ AND LOT _____
OF THE _____ SUBDIVISION.

REASON FOR LOT LINE ADJUSTMENT _____

TRANSPORTATION ACCESS _____

UTILITIES PROVIDED BY:

ELECTRICITY _____

TELEPHONE _____

ADEQUATE WATER SUPPLIED BY _____ PERMIT # _____

ADEQUATE SEWAGE DISPOSAL SUPPLIED BY _____ PERMIT # _____

PRESENT USE OF LAND _____

PLEASE SUPPLY THE FOLLOWING:

- 1. A SURVEY PLAT SHOWING ALL REQUIREMENTS AND AN 8.5 x 11 INCH SURVEY COPY**
- 2. PROOF OF OWNERSHIP**
- 3. COUNTY ROAD ACCESS APPROVAL, IF NEEDED**
- 4. FEE AS ESTABLISHED BY THE BOCC. \$200.00 PLUS \$20.00 PER LOT AND CERTIFIED MAILING FEE.**
- 5. ALL TAXES DUE MUST BE PAID ON ALL LOTS**

APPLICATION, DOCUMENTS AND FEES MUST BE RECEIVED A MINIMUM OF THIRTY (30) DAYS PRIOR TO BOARD OF COMMISSIONERS MEETING.

I understand the following:

1. There may be recorded protective covenants that apply to my property. Receiving County Approval does not exempt me from meeting any applicable covenants.
2. Before constructing or modifying any access from a State of County road, you must obtain an approved access permit from the appropriate authority.
3. Receiving County approval on this Lot Line Adjustment does not exempt me

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from the requirements of other applicable county requirements, including building and septic permits, or applicable state requirements including water well, plumbing and electrical permits.

4. All current taxes owed must be paid before application is presented to County Board.

Application must be signed by landowner only. An agent for landowner may represent landowner at County meetings only if the landowner has signed and has had the attached form notarized.

I hereby certify that the above information is true and accurate to the best of my knowledge. I further certify that I or we are legal owner(s) of record of the property that is Lot Line Adjustment is being applied for.

Applicant needs to be aware that by signing this application you are giving the Saguache County Land Use office staff permission to access your property for purposes relating to this application.

ALL APPLICATION FEES PAID ARE NON-REFUNDABLE

Owner(s) Date _____

FOR OFFICE USE ONLY

The Land Use Office has determined that this property is in a:

_____ Geologic Hazard Area _____ Wildfire Area
_____ Critical Wildlife Habitat Area _____ Area with possible
high groundwater levels

Legal Description: Quarter Section _____ Section _____ Township _____ Range _____
Subdivision _____ Location _____ Lots _____

Application received
by: _____ Date: _____