

WHEN RECORDED RETURN TO:  
CITY OF CLOVIS PLANNING & DEVELOPMENT SERVICES DEPARTMENT  
PLANNING DIVISION, 1033 FIFTH STREET, CLOVIS, CA 93612  
559-324-2340

APPLICATION FOR PARCEL MAP EXEMPT  
(LOT LINE ADJUSTMENT)

Legal description of all existing parcels involved before adjustment: (Describe separately; use number designations. Attach additional printed or typed sheets, if needed. Copies of Deeds, reports, etc. are **NOT** acceptable.)

1. \_\_\_\_\_

2. \_\_\_\_\_

Existing Assessors Parcel Numbers 1. \_\_\_\_\_ 2. \_\_\_\_\_

Legal description of all proposed parcels involved after adjustment: (Describe separately; use letter designations. Attach additional printed or typed sheets if needed.)

A. \_\_\_\_\_

B. \_\_\_\_\_

Area of each existing parcel 1. \_\_\_\_\_ 2. \_\_\_\_\_

Area of each proposed parcel A. \_\_\_\_\_ B. \_\_\_\_\_

Existing use of each parcel \_\_\_\_\_

Existing zone of each parcel \_\_\_\_\_

Principal reason for requesting adjustment, \_\_\_\_\_

ATTACH A SEPARATE SHEET WITH A PLOT PLAN SHOWING ALL THE REQUIRED INFORMATION. A TOTAL OF FIVE (5) COPIES OF THIS PLOT PLAN ARE REQUIRED.

Names, addresses and signatures of all property owners involved in this proposed transaction.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Person preparing map \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Signature: \_\_\_\_\_

NOTE: This approval is based on submitted date only. Conditions affecting the property which do not appear on this application may void this approval. The creation of new parcels or the merging of existing parcels requires a parcel map, to the requirements of the California Map Act and the Clovis Zoning Ordinance.

This item shall be recorded within 30 days of the approval date or the lot line adjustment will become null and void. The lot line adjustment shall be reflected in the deed for the property and a copy of the recorded deed shall be submitted to the Planning Division.

**FOR OFFICE USE ONLY**

Lot Line Adjustment; Parcel Map Exempt number: PME \_\_\_\_\_

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_ Fee: \_\_\_\_\_ Receipt #: \_\_\_\_\_

THIS CERTIFIES THAT THE PARCELS DESCRIBED ABOVE AND SHOWN ON THE ATTACHED PLOT PLAN COMPLY WITH THE PROPERTY DEVELOPMENT STANDARDS OR THE \_\_\_\_\_ ZONE DISTRICT WHICH PRESENTLY APPLIES TO THE SUBJECT PROPERTY AND THE REQUIREMENTS OF THE SUBDIVISION MAP ACT OF CALIFORNIA.

APPROVED BY PLANNING AND DEVELOPMENT SERVICES \_\_\_\_\_ DATE: \_\_\_\_\_