**FOR OFFICE USE ONLY**

**B – Number:**_____

**Date Received:** _____

**Zoning:** _____

# City of Prineville
# Boundary Adjustment Application

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

**Property Owner 1**_____ Phone ____/_____ Fax ____/_____
Address_____ City _____ State ___ Zip Code _____
Email _____
**Property Owner 2**_____
Address_____ City _____ State ___ Zip Code _____
Email _____

## PROPERTY DESCRIPTIONS

**Property 1: Tax Lot**_____
Map # - Township__ Range__ Section___
Address:_____
Present Square Footage:_____
Sq. Ft. After Adjustment:_____
Building Setbacks After Adjustment:
Front: Rear: Left: Right:

**Property 2: Tax Lot**_____
Map # - Township__ Range__ Section___
Address:_____
Present Square Footage:_____
Sq. Ft. After Adjustment:_____
Building Setbacks After Adjustment:
Front: Rear: Left: Right:

## SUBMITTAL REQUIREMENTS

**REQUIRED INTEMS TO BE SUBMITTED FOR A BOUNDARY ADJUSTMENT.**
**Note: Additional information may be required depending on the actual project.**

- ☐ Title Report, subdivision guarantee or similar *including legal description.*
- ☐ Fee
- ☐ Maps showing property before boundary adjustment and after boundary adjustment including square footage and setbacks of any structures.
- ☐ Letter of Explanation of the intent of the Boundary Adjustment.
- ☐ Legal description from a lawyer or Surveyor; also a survey may need to be prepared per ORS 92.060 (7).
- ☐ Signatures of owners – verification of ownership (space provided below)

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Applicant/Owner: _____ Date:_____
Signature

Adjoining Property Owner: _____ Date: _____
Signature

**If you are the authorized agent, please attach a letter signed by the owner.**