



CITY OF SAN JUAN BAUTISTA

P.O. Box 1420, 311 Second Street
San Juan Bautista, Ca 95045

PLANNING DEPARTMENT

Phone:(831) 623-4661
Fax: (831) 623-4093

LOT LINE ADJUSTMENT
AFFIDAVIT OF OWNERSHIP

I (we) am (are) the owner(s) of the property for which a lot line adjustment approval is sought or have the lawful power of Attorney of the property:

Name of Property owner: _____ Phone: _____

Mailing Address: _____

Assessor's Parcel Number: _____

Signature: _____ Date: _____

Name of Property owner: _____ Phone: _____

Mailing Address: _____

Assessor's Parcel Number: _____

Signature: _____ Date: _____

Name of Property owner: _____ Phone: _____

Mailing Address: _____

Assessor's Parcel Number: _____

Signature: _____ Date: _____

Name of Property owner: _____ Phone: _____

Mailing Address: _____

Assessor's Parcel Number: _____

Signature: _____ Date: _____

NOTE: ALL SIGNATURES MUST BE NOTARIZED. PLEASE ATTACH ALL NOTARY FORMS. IF SIGNING WITH POWER OF ATTORNEY, A COPY OF THE DOCUMENT GIVING THE POWER OF ATTORNEY MUST BE ATTACHED TO THE APPLICATION. IF THERE ARE ADDITIONAL PROPERTY OWNERS, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION.