



City of Mt. Angel

P. Box 960 / 5 N. Garfield Street, Mt. Angel, OR 97362
Phone (503) 845-9291 Fax (503) 845-6261

Lot Line Adjustment

Parcel A

Applicant: _____ Phone: _____

Address: _____

Owner(s): _____ Phone: _____

(If different from above)

Address: _____

Map Page and Tax Lot No.: _____ Zone: _____

Square Footage: Before Adjustment: _____

After Adjustment: _____

Current Use/Structures: _____

Parcel B

Applicant: _____ Phone: _____

Address: _____

Owner(s): _____ Phone: _____

(If different from above)

Address: _____

Map Page and Tax Lot No.: _____ Zone: _____

Square Footage: Before Adjustment: _____

After Adjustment: _____

Current Use/Structures: _____

NOTE: If more than two (2) lots or parcels are involved in the adjustment, provide information regarding the additional properties on a separate piece of paper.

Submittal Requirements:

Please provide the following maps with your lot line adjustment application.

1. A map showing the configuration of Parcel A and Parcel B **before** the proposed adjustment.
2. A map showing the configuration of Parcel A and Parcel B **after** the proposed adjustment.

Evaluation Criteria (Please answer each of the following):

1. Do all the lots or parcels meet the minimum lot size in the affected zone **after** the adjustment?
_____ YES _____ NO

If NO please explain: _____

2. Are the total number of lots or parcels the same after the proposed adjustment?
_____ YES _____ NO

If NO please explain: _____

3. Will any of the lots or parcels be split-zoned as a result of the proposed adjustment?
_____ YES _____ NO

If YES, please explain: _____

4. If the answer to number 3 is YES, do the separate portions of the split-zoned lot(s) or parcel(s) meet the minimum lot size requirements for the zoning district **after** the proposed adjustment?
_____ YES _____ NO

If YES, please describe: _____

NOTE: If the answer to number 4 is NO the lot line adjustment cannot be approved by the City.

5. Will all lots or parcels having access to a public or private street before the adjustment retain access after the adjustment?
_____ YES _____ NO

If NO, please explain: _____

6. Will the adjustment reduce the street access for any lots or parcels?
_____ YES _____ NO

If YES, please explain: _____

7. Does the lot line adjustment reduce any required development feature or standard, such as parking, landscaping, or building setbacks, to a size or dimension that does not meet the minimum standards of the Mt. Angel Development Regulations or Public Works Design Standards?

_____ YES _____ NO
If YES, please explain: _____

NOTE: All owners must sign this application or submit letters of consent. Incomplete or missing information will delay the approval process.

Parcel A

_____	_____
Date	Applicant
_____	_____
Date	Applicant
_____	_____
Date	Applicant
_____	_____
Date	Applicant

Parcel B

_____	_____
Date	Applicant
_____	_____
Date	Applicant
_____	_____
Date	Applicant
_____	_____
Date	Applicant

FOR OFFICE USE ONLY

Received by: _____	Date: _____	
<input type="checkbox"/> Before Maps	<input type="checkbox"/> After Maps	<input type="checkbox"/> Letters of Consent