



PUBLIC WORKS DEPARTMENT

LOT LINE ADJUSTMENT APPLICATION

Permit Center

2263 Santa Clara Ave. Room 190, Alameda, CA 94501

Hours: 7:30 a.m.–3:30 p.m., M–Th

510.747.6800 – TDD 510.522.7538

www.alamedaca.gov/permits

PWpermits@alamedaca.gov

Record # LLA _____

Receipt #, amt collected _____

Receipt #, amt collected _____

Description of work:

APN #s _____

Is this application associated with a larger project? If so, note any planning, building, and/or encroachment permits, and general phasing of work:

Applicant Draft Attachments: Map Closure Calcs Certificate of Compliance Deed Descriptions Deeds
 Title Report Assessor's Apportionment Form (if applicable) Other _____

	APPLICANT:	PROPERTY OWNER(S)
Name, Title:	_____	_____
Company Name:	_____	_____
Street Address:	_____	_____
City, State, Zip:	_____	_____
Phone:	_____	_____
Email:	_____	_____
License #/Type:	_____	_____

I certify that I have read the application and state that the information given is true and correct. I agree to comply with all local ordinances and state laws relating to this application and I make this statement under penalty of law. I hereby authorize representatives of the City of Alameda to enter upon the above-mentioned property for inspection purposes. A fee deposit is collected prior to review and approval of application. Additional hours may be billed for at a later date.

Applicant (Print Name): _____ Title: _____

Signature: _____ Date: _____

Property Owner(s) (Print Name): _____ Title: _____

Signature: _____ Date: _____