



**CITY OF OCEANSIDE
ENGINEERING DIVISION
APPLICATION FOR
VOLUNTARY LOT MERGER**



TO THE CITY ENGINEER

The Applicant (s) _____, being
the Owner(s) of property(ies) situated at: _____

between _____ Street and _____ Street

Described as: (Legal description) _____

_____ APN #(s) _____

herby request(s), a Lot Merger in accordance with a description and plat, copies of which are included along with copy of all required supporting documents per submittal check list requirements, and fees in the amount of \$_____ herein attached and made part of this application.

APPLICANT'S DECLARATION

(We) (I), the undersigned, herby declare under penalty of perjury that (we are) (I am) all parties having record title interest in the land covered by this application and described and shown on attachments submitted herewith, and do hereby consent to the preparation and recordation of a final certification for the Lot Merger shown.

Dated: _____

Dated: _____

Name of Owner: _____

Name of Owner _____

Title: _____

Title: _____

Signature _____

Signature _____

Address _____

Address _____

Telephone Number _____

Telephone Number _____

NOTE: All owners involved in the Lot Merger must sign this application and declaration. Lack of signatures can result in rejection of this application. A separate sheet may be attached for additional information and signatures. All information must be typed in.

Received by: _____

Receipt No: _____

Date: _____

Lot Merger File No. PLA _____

ALL PURPOSE NOTARY ACKNOWLEDGMENT REQUIRED FOR OWNER'S SIGNATURE

VOLUNTARY LOT MERGER
SUBMITTAL REQUIREMENT - GENERAL INFORMATION

Lot merger application fee (See Fee Schedule)

Submittal Requirements Check List: For detailed information and guidelines please refer to City of Oceanside Engineers Manual, General information hand out or the City website at www.ci.oceanside.ca.us/engineering

<input type="checkbox"/> Signed Application <input type="checkbox"/> Certificate of Compliance including Exhibits "A" & "B" (3 copies) Exhibit A is the Legal Description (part of COC) Exhibit B is the Lot Merger Plat Map (part of COC) <input type="checkbox"/> Notice of Lot Merger <input type="checkbox"/> Exhibit C – Site Map (3 copies) <input type="checkbox"/> Grant Deed for merged parcel (1 copy) <input type="checkbox"/> Chain of Title/Lot Creation History(COC)	<input type="checkbox"/> Preliminary Title Report for each existing lot (not older than 30 days) (1 copy) <input type="checkbox"/> Assessors Parcel Map Page(s), (3 copy) <input type="checkbox"/> Supporting Reference Documents (1 copy) <input type="checkbox"/> Traverse Calculation, for merged lot(s). (1 copy) <input type="checkbox"/> Signature Authorization, (Operating Agreement if owner not individuals) <input type="checkbox"/> Copy of working Record of Survey(When applicable) <input type="checkbox"/> Vesting Deeds for each lot, if applicable <input type="checkbox"/> Fees
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Project Address: _____ **Min. Lot Size:** _____

Lot Density (Ex. & Prop) _____

Lot Coverage (Ex. & Prop): _____ **Zoning:** _____

Property located in Coastal Zone: Yes No

Minimum Set Backs: _____

Please explain in detail the reason and history for Lot Merger (use back of page if needed) _____

OWNER/APPLICANT (Print)

CONTACT PERSON (if different)

Mailing Address: _____

Mailing Address: _____

Phone: (____) _____

Phone: (____) _____

Fax: (____) _____

Fax: (____) _____

Cell: (____) _____

E-Mail _____

ENGINEER: _____

SURVEYOR: _____

Mailing Address: _____

Mailing Address: _____

Phone: (____) _____

Phone: (____) _____

Fax: (____) _____

Fax: (____) _____

E-Mail _____

E-Mail _____