

Parcel # \_\_\_\_\_ Reception # \_\_\_\_\_ approved date: \_\_\_\_\_

**SAGUACHE COUNTY LAND USE**  
**PO BOX 326 - SAGUACHE, CO 81149**  
**(719)655-2321 FAX (719)655-2635**  
**landuse2@amigo.net**

**LOT LINE ADJUSTMENT APPLICATION**

PROPERTY OWNER NAMES \_\_\_\_\_  
MAILING ADDRESSES \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
PROPERTY ADDRESSES \_\_\_\_\_  
LEGAL DESCRIPTION OF \_\_\_\_\_  
PROPERTIES \_\_\_\_\_  
SUBDIVISION NAME \_\_\_\_\_

THIS REQUEST IS TO ADJUST THE LOT LINE BETWEEN LOT \_\_\_\_ AND LOT \_\_\_\_ OF THE \_\_\_\_\_ SUBDIVISION.

REASON FOR LOT LINE ADJUSTMENT \_\_\_\_\_  
TRANSPORTATION ACCESS \_\_\_\_\_

UTILITIES PROVIDED BY:  
ELECTRICITY \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

ADEQUATE WATER SUPPLIED BY \_\_\_\_\_ PERMIT # \_\_\_\_\_

ADEQUATE SEWAGE DISPOSAL SUPPLIED BY \_\_\_\_\_ PERMIT # \_\_\_\_\_

PRESENT USE OF LAND \_\_\_\_\_

**PLEASE SUPPLY THE FOLLOWING:**

1. **A SURVEY PLAT SHOWING ALL REQUIREMENTS AND AN 8.5 x 11 INCH SURVEY COPY**
2. **PROOF OF OWNERSHIP**
3. **COUNTY ROAD ACCESS APPROVAL, IF NEEDED**
4. **FEE AS ESTABLISHED BY THE BOCC. \$200.00 PLUS \$20.00 PER LOT AND CERTIFIED MAILING FEE.**
5. **ALL TAXES DUE MUST BE PAID ON ALL LOTS**

**APPLICATION, DOCUMENTS AND FEES MUST BE RECEIVED A MINIMUM OF THIRTY (30) DAYS PRIOR TO BOARD OF COMMISSIONERS MEETING.**

I understand the following:

1. There may be recorded protective covenants that apply to my property. Receiving County Approval does not exempt me from meeting any applicable covenants.
2. Before constructing or modifying any access from a State of County road, you must obtain an approved access permit from the appropriate authority.
3. Receiving County approval on this Lot Line Adjustment does not exempt me from the requirements of other applicable county requirements, including building and septic permits, or applicable state requirements including water well, plumbing and electrical permits.
4. All current taxes owed must be paid before application is presented to County Board.

**Application must be signed by landowner only. An agent for landowner may represent landowner at County meetings only if the landowner has signed and has had the attached form notarized.**

I hereby certify that the above information is true and accurate to the best of my knowledge. I further certify that I or we are legal owner(s) of record of the property that is Lot Line Adjustment is being applied for.

Applicant needs to be aware that by signing this application you are giving the Saguache County Land Use office staff permission to access your property for purposes relating to this application.

**ALL APPLICATION FEES PAID ARE NON-REFUNDABLE**

Owner(s) \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

**The Land Use Office has determined that this property is in a:**

_____	Geologic Hazard Area	_____	Wildfire Area
_____	Critical Wildlife Habitat Area	_____	Area with possible high groundwater levels

**Legal Description:** Quarter Section \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_  
Subdivision \_\_\_\_\_ Location \_\_\_\_\_ Lots \_\_\_\_\_

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_