



# Ministerial Lot Line Adjustment and Voluntary Merger Application

County of Ventura • Resources Management Agency • Planning Division  
800 S. Victoria Ave., Ventura, CA 93009 • (805)654-2488 • www.vcrma.org/divisions/planning

## Applicant Contact Information

Applicant Name: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_  
Applicant Phone No. \_\_\_\_\_ e-mail: \_\_\_\_\_

## Property Owner Contact Information

Property Owner Name: \_\_\_\_\_  
Property Owner Address: \_\_\_\_\_  
Property Owner Phone No. \_\_\_\_\_ e-mail: \_\_\_\_\_

## Agent Contact Information

Engineer/Agent/Representative Name (if different than Applicant): \_\_\_\_\_  
Engineer/Agent/Representative Address: \_\_\_\_\_  
Engineer/Agent/Representative Phone No. \_\_\_\_\_ e-mail: \_\_\_\_\_

## Project Information

Pursuant to the Ventura County Ordinance Code and/or the California Government Code, application is made to the Ventura County Planning Division for the following entitlement:

Lot Line Adjustment  Voluntary Merger

Description of Request (Submit additional pages if necessary): \_\_\_\_\_

### Required Fields \*

Project Address*:			Community*:		
Lot(s)	APN(s) *	Zoning *	General Plan Designation*	Existing Lot Sizes*	Proposed Lot Sizes*
Lot #1					
Lot #2					
Lot #3					
Lot #4					

## Acknowledgement and Signature of Applicant and Property owner

Applicant is (check one):  Owner  Lessee  Has power of attorney  Authorized by owner

### APPLICANT

I hereby make application for the above-referenced land use entitlement and certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge. I hereby acknowledge that I have been informed of my right to make written request to the County to receive notice of any proposal by the County to adopt or amend a general or specific plan, or a zoning ordinance or other ordinance affecting building or grading permits, prior to action on said item.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PROPERTY OWNER

(If same as applicant, write "Same." If more than one, please attach a consent letter for each property owner. If owner refuses or is unable to sign, provide copy of lease, title report or other documentation.)

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Materials Required for Application

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The following list specifies the information that may be required by each County Agency in order for you to submit your application. Each Agency has a specified person whom you must contact in order to determine what specific information will be required. Your application will not be accepted until all contact persons have initialed the checklist and all information as checked is included.

Pre-Submittal Planner: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Date of Application Review: \_\_\_\_\_ Pre-Submittal Letter Prepared?  Yes  No Date of Letter: \_\_\_\_\_

All application materials shall be submitted electronically to the Planning Division.

Required	No. of Required Copies	Received	Description of Materials
<input type="checkbox"/>	2	<input type="checkbox"/>	Application Form (both sides completed)
<input type="checkbox"/>	-	<input type="checkbox"/>	Application Fee(s) payable to County of Ventura – See Fee Scheduled at: <a href="https://vcrma.org/planning-permit-fees">https://vcrma.org/planning-permit-fees</a>
<input type="checkbox"/>	Original plus 1 copy	<input type="checkbox"/>	Fee Reimbursement Agreement
<input type="checkbox"/>	2	<input type="checkbox"/>	Sketch Map and Legal Description
<input type="checkbox"/>	2	<input type="checkbox"/>	Sketch Map illustrating all structures with setbacks from property lines (required unless vacant property)
<input type="checkbox"/>	2	<input type="checkbox"/>	Closure calculations for each existing and proposed lots to confirm lot area (square footage)
<input type="checkbox"/>	2	<input type="checkbox"/>	Assessor's Parcel Map (showing the zoning) with subject lot outlined in red on each copy
<input type="checkbox"/>	2	<input type="checkbox"/>	Preliminary Title Report for each parcel involved (less than 1 year old)
<input type="checkbox"/>	Original plus 2 copies	<input type="checkbox"/>	Lender's Acknowledgement
<input type="checkbox"/>	2	<input type="checkbox"/>	Proof of legal lot
<input type="checkbox"/>	2	<input type="checkbox"/>	Lease Agreement/Power of Attorney/Owner Authorization
<input type="checkbox"/>	2	<input type="checkbox"/>	Draft grant deeds
<input type="checkbox"/>	2	<input type="checkbox"/>	Draft trust deeds (if applicable)
<input type="checkbox"/>	Original plus 2 copies	<input type="checkbox"/>	Ownership Certificates

## STAFF USE ONLY

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Deposit Fee: \_\_\_\_\_  
 Zone: \_\_\_\_\_ Previous Permit Numbers: \_\_\_\_\_ Violation No.: \_\_\_\_\_