

CITY OF NORWALK

APPLICATION FOR LOT MERGER NO. LM - _____

RECORD OWNERS:

PARCEL 1

PARCEL 2

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

PARCEL 3

PARCEL 4

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

(I/We) hereby certify that 1) (I am/we are) the record owner(s) of all parcels proposed for adjustment by this application, 2) (I/We) have knowledge of and consent to the filing of this application, and 3) the information submitted in connection with this application is true and correct.

Signature(s) of owner(s) of
Parcel 1

Signature(s) of owner(s) of
Parcel 2

Signature(s) of owner(s) of
Parcel 3

Signature(s) of owner(s) of
Parcel 4

CONTACT PERSON: _____

ADDRESS: _____

DAYTIME PHONE: _____

OFFICE USE ONLY

DATE RECEIVED	ZONING	FEE PAID	PLANNING COMMISSION DATE
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LEGAL DESCRIPTION APPROVED _____ DATE _____

MAP APPROVED _____ DATE _____

PUBLIC WORKS REQUIREMENTS _____

PLANNING DEPARTMENT APPROVAL _____ DATE _____

RECORDING INFORMATION _____

EXHIBIT A

LOT MERGER NO. LM - _____

(LEGAL DESCRIPTIONS)

OWNERS	EXISTING PARCELS					PROPOSED PARCELS	
	LOT	TRACT	ASS'N. PARCEL NO.			AREA	
			BOOK	PAGE	PARCEL		AREA

LEGAL DESCRIPTION OF PROPOSED
PARCELS

EXHIBIT B

LOT MERGER NO. LM - _____

(LEGAL DESCRIPTIONS)

OWNERS	EXISTING PARCELS					PROPOSED PARCELS	
	LOT	TRACT	ASS'N. PARCEL NO.		AREA	PARCEL	AREA
			BOOK	PAGE	PARCEL		

SKETCH OF EXISTING AND PROPOSED
PROPERTY LINES

LEGEND:

- FORMER LOT LINE
- NEW LOT LINE OR LOT LINE UNCHANGED