

CITY OF PORTLAND, OREGON - BUREAU OF DEVELOPMENT SERVICES



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Property Line Adjustment Application File Number: FOR INTAKE, STAFF USE ONLY [Y] [N] Unincorporated MC Date Received Received By _____ Qtr Sec Map(s)_____Zoning____ Neighborhood_____ Plan District _____ Bill # IVR Building Permit # _____ Related File# APPLICANT: Complete all sections below that apply to the proposal. Please print legibly. **Property Line Adjustment** Parcel 1 Site Address or Location __ ____Sq. ft./Acreage Cross Street **Property Line Adjustment** Parcel 2 Site Address or Location _____ Cross Street Sq. ft./Acreage **Site Tax Account Numbers and Legal Descriptions** Tax lot/Lot BlockAddition/Section # Property ID # State ID # **Existing Parcel 1** R **Existing Parcel 2 Description of Proposal**

Parcel Information	Lot Area minimum	Lot Area maximum	Lot Width minimum	Lot Depth minimum	Front Lot Line minimum
Code Requirement	sq. ft.	sq. ft.	ft.	ft.	ft.
Existing Parcel 1	sq. ft.	sq. ft.	ft.	ft.	ft.
Proposed Parcel 1	sq. ft.	sq. ft.	ft.	ft.	ft.
Existing Parcel 2	sq. ft.	sq. ft.	ft.	ft.	ft.
Proposed Parcel2	sq. ft.	sq. ft.	ft.	ft.	ft.

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Approved by Date	

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_ Date ___

Property Line Adjustment Application

Applicant Information

Identify the applicant, contact person, all property owners, and any contract purchasers below. Please include any person that has an interest in your property or anyone that you want to be notified. *Original signatures for all property owners must be provided on both required copies of this form.*

Check all that apply	Applicant	Owner	Other			
Signature			Name			
Street Address						
City			State		Zip Code	
Day Phone		FAX		email		
Check all that apply	Applicant	Owner	Other			
Signature			Name			
Street Address						
City			State		Zip Code	
Day Phone		FAX		email		
Check all that apply		Owner				
	Applicant	☐ Owner	Other			
Check all that apply	☐ Applicant	Owner	OtherName			
Check all that apply Signature Street Address	Applicant	Owner Owner	OtherName			
Check all that apply Signature Street Address City	Applicant	Owner Owner	OtherName			
Check all that apply Signature Street Address City	Applicant	Owner Owner	OtherName State	email	Zip Code	
Check all that apply Signature Street Address City Day Phone	☐ Applicant ☐ Applicant	Gowner Owner	OtherNameStateOther	email	Zip Code	
Check all that apply Signature Street Address City Day Phone Check all that apply	☐ Applicant ☐ Applicant	Gowner Owner	OtherName State Other Name	email	Zip Code	
Check all that apply Signature Street Address City Day Phone Check all that apply Signature	☐ Applicant ☐ Applicant	FAX_Owner	OtherNameStateOtherName	email	Zip Code	