



City of Portland, Oregon - Bureau of Development Services

1900 SW Fourth Avenue • Portland, Oregon 97201 • 503-823-7526 • www.portlandoregon.gov/bds



Property Line Adjustment Application

File Number: _____

FOR INTAKE, STAFF USE ONLY

Date Received _____ [Y] [N] Unincorporated MC

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 _____

Cross Street _____ Sq. ft./Acreage _____

Property Line Adjustment

Parcel 2

Site Address or Location _____

Cross Street _____ Sq. ft./Acreage _____

Site Tax Account Numbers and Legal Descriptions

	Property ID #	State ID #	Tax lot/LotBlock Addition/Section #
Existing Parcel 1	R		
Existing Parcel 2	R		

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.

Bureau of Development Services Approval

Approved by _____ 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 one of four (4) 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 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 _____

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