

City staff use only:
Project #: _____
Submitted by: _____



1685 CROSSTOWN BOULEVARD N.W. • ANDOVER, MINNESOTA 55304 • (763) 755-5100
 FAX (763) 755-8923 • WWW.ANDOVERMN.GOV

LOT LINE ADJUSTMENT REQUEST FORM

A Lot Line Adjustment involves the moving of interior lot lines for residential or commercial property and may be approved by the City Planner if all three of the following are met:

- a. The adjustment does not create any additional buildable lots; and
- b. The adjustment does not create any lot which is below the standards for the applicable zoning district in which it lies; and
- c. The lot line adjustment would not have an adverse effect on the surrounding property.

Prior to the submittal of this application, it is required that the property owner meet with Planning Department staff to determine the eligibility and requirements for the lot line adjustment.

** Please note that Public Hearings and/or City Council meetings may still be required if public easements are vacated or new public easements need to be assigned with the Lot Split or Lot Line Adjustment.*

Application Requirements:

- Completed / executed Lot Line Adjustment Request Form
- Current and proposed legal descriptions:
 - (1) hard copy
 - (1) digital copy (Microsoft Word format)
- Survey of the properties involved in the lot line adjustment:
 - (1) full size (22"x34") survey
 - (1) reduction no larger than 11" x 17"
- Payment of Lot Line Adjustment Fee: **\$400.00**

Required Property Information (please print)
Summary of Request:

(CONTINUED ON NEXT PAGE)

Property # 1

Property Address:

PID: **Current Zoning:**

Legal Description: *Attach physical copy and provide digital copy to city staff*

Property Type (circle one): **Abstract / Torrens**

Owner Name(s):

Owner Address:

Home Phone: **Business Phone:**

Email:

Signature: **Date:**

Property # 2

Property Address:

PID: **Current Zoning:**

Legal Description: *Attach physical copy and provide digital copy to city staff*

Property Type (circle one): **Abstract / Torrens**

Owner Name(s):

Owner Address:

Home Phone: **Business Phone:**

Email:

Signature: **Date:**

The following section is for City staff use only:

Fee Amount _____ Date Paid _____ Receipt No. _____

Existing or new project number: Existing New Project #: _____

Staff contact: _____

60 Day date _____ 120 Day date _____