

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:
City of Garden Grove
P.O. Box 3070
Garden Grove, CA 92842
Attn: Planning Services Division

SPACE ABOVE THIS LINE FOR RECORDERS USE

LOT LINE ADJUSTMENT NO. LLA-___-___

RECORD OWNERS:

PARCEL NO. _____

PARCEL NO. _____

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

(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.

APPLICANT/OWNER

APPLICANT/OWNER

By: _____
Title: _____

By: _____
Title: _____

By: _____
Title: _____

By: _____
Title: _____

By: _____
Title: _____

By: _____
Title: _____

Date: _____

Date: _____

Contact Person: _____

Address: _____

Daytime Phone No.: _____

SPACE BELOW FOR OFFICIAL USE ONLY

Date Received	Land Use Designation	CEQA Status	Subdivision Committee Action APPROVED Date:	Land Use APPROVED By: Date:
Zoning	AP Numbers	Filing Fee	Date Filed	Recording Date
Receipt Number				

City of Garden Grove
Planning Services Division
(714) 741-5312

EXHIBIT A

LOT LINE ADJUSTMENT NO. LLA-____-____

(LEGAL DESCRIPTION)

OWNERS	EXISTING PARCELS AP NUMBER	PROPOSED PARCELS REFERENCE NUMBER

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EXHIBIT B

LOT LINE ADJUSTMENT NO. LLA-____-____

(MAP)

OWNERS	EXISTING PARCELS AP NUMBER	PROPOSED PARCELS REFERENCE NUMBER

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