



# Request for PARCEL SPLIT/LOT LINE ADJUSTMENT

Community & Economic Development Dept. • 437 N Wasatch Dr. • Layton, UT 84041  
Phone: (801) 336-3780 • Fax: (801) 336-3789 • [www.laytoncity.org](http://www.laytoncity.org)

Updated 03/02/16

**Fees: Base of \$100 + \$20 per parcel**

**Receipt:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please Submit the following with your application and applicable fees:**

- **Signatures of all property owners involved in the parcel split (See attached affidavit). Please access the County records for this information. We cannot accept petitions without the correct property signatures.**
- **Application must include the identification numbers for all parcels involved.**
- **Legal Description for each lot**
- **4 copies of plat (19" x 30") showing proposed division of property**
- **1 copy of plat (11" x 17")**

**Name of Petitioner:** \_\_\_\_\_  
(Print Name)

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Owner:** \_\_\_\_\_  
(Print Name)

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Address of parcel split?**

**What is the purpose for the parcel split?**

**Does the parcel split require vacating any easements?** \_\_\_\_\_

**PROPERTY OWNER AFFIDAVIT  
NOTARIZATION REQUIRED – SEE BELOW**

STATE OF UTAH )  
COUNTY OF \_\_\_\_\_ ) :ss

I (we) \_\_\_\_\_, being duly sworn, depose and say that I (we) am (are) the owner(s) of the property identified on the attached application and that the statements herein contained and the information provided in the attached plans and other exhibits are in all respects true and correct to the best of my (our) knowledge. I (we) also acknowledge that I (we) have received written instructions regarding the process for which I (we) am (are) applying and the Layton City Planning Staff have indicated they are available to assist me in making this application.

Prop. Identification # \_\_\_\_\_

Please Print Name Under Signature \_\_\_\_\_

Prop. Identification # \_\_\_\_\_

Please Print Name Under Signature \_\_\_\_\_

**NOTARIZATION**

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

Residing in: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ Notary \_\_\_\_\_



***In addition to above Property Owner Affidavit, OWNER must sign below if authorizing someone else to represent him at the City.***

**AGENT AUTHORIZATION**

I (we), \_\_\_\_\_, the owner(s) of the real property described in the attached application, do authorize as my (our) agent \_\_\_\_\_ to represent me (us) regarding the attached application and to appear on my (our) behalf before any administrative or legislative body in Layton City considering this application and to act in all respects as our agent in matters pertaining to the attached application.

Prop. Identification # \_\_\_\_\_

Please Print Name Under Signature \_\_\_\_\_

Prop. Identification # \_\_\_\_\_

Please Print Name Under Signature \_\_\_\_\_

**NOTARIZATION**

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

Residing in: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ Notary \_\_\_\_\_