FOR OFFICE USE ONLY
Application#:
Date Received:
Zoning:



City of Prineville

Boundary Adjustment Application PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED	
Property Owner 1	Phone/
Address	_ City State Zip Code
	Email
Property Owner 2	Phone/
Address	City State Zip Code
	Email
PROPE	RTY DESCRIPTIONS
Property 1: Tax Lot	Property 2: Tax Lot
	Map # - T R S
	Address:
<u> </u>	Present Square Footage:
Sq. Ft. After Adjustment:	
	Building Setbacks After Adjustment:
Front: Rear: Lett: Right:	Front: Rear: Left: Right:
REQUIRED INTEMS TO BE SUBM Note: Additional information may be Title Report or similar identifying Application Fee	
	oundary adjustment and after boundary adjustment
including square footage and set Letter of Explanation of the inter	
☐ Legal description from Surveyor	• •
	on of ownership (space provided below)
Applicant/Owner:	Date:
Signature	
Adjoining Property Owner:	Date:
Signature If you are the authorized agent, please	