



**Custer County, Colorado  
 Planning and Zoning Office  
 Westcliffe, CO 81252**

**Request for Lot Line Adjustment**

**Requires Administrative Review by the Planning and Zoning Office**

Submit this completed application and all attachments with the appropriate application fee. The application will not be accepted unless complete. Fee is non-refundable and includes the recording of approval letter. Upon receipt of an Administrative Review Application and the required documentation, the Planning and Zoning Office staff, in consultation with the Chairman of the PC or his representative, shall review the Application to determine whether it qualifies for Administrative Review. Once eligibility has been determined, the request shall be processed. To qualify for administrative review, the proposal must meet the following conditions:

- Does not increase net density of the Subdivided land;
- Does not have any apparent negative impact on adjacent properties or easements;
- Does not change record acreage of existing properties;
- Conforms to the Custer County Zoning Resolution.

Any correspondence and/or documents submitted concerning this application are public record.

Land owner(s) of record: \_\_\_\_\_

All land owners must be listed on this application. TYPE OR PRINT LEGIBLY IN BLACK OR BLUE INK

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone Home: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

Applicant(s): \_\_\_\_\_

(If different than above)

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone Home : (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

Tax schedule number for the properties: \_\_\_\_\_

(Assigned by the County Assessor's Office - Shown on the Tax Bills)

Legal description of the properties: \_\_\_\_\_

Property addresses: \_\_\_\_\_

Size of properties: \_\_\_\_\_

Zone: \_\_\_\_\_



I understand that:

- Planning and Zoning Office staff may visit the property which is the subject of this application.
- I, or my representative, will be present to explain my request, and I must clearly mark the locations in question on my property.
- the fact I have made this request does not relieve me of the obligation of applying for and having been granted a zoning and/or septic permit, as required by the County, before proceeding with construction of a building or installation of a septic facility of any kind.
- all recordings and required documentation must be completed within 90 days of approval.

I acknowledge that I am responsible for complying with the Custer County Zoning Resolution. I have read and understand the above, and the information I have provided is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Landowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant, if different

\_\_\_\_\_  
Date

Make check payable to Custer County and return check and permit form to:

Custer County Planning and Zoning  
P. O. Box 203  
Westcliffe, CO 81252  
(719) 783-2669  
Elizabeth@CusterCountyGov.com  
CusterCountyGov.com