

WALWORTH COUNTY LAND USE AND RESOURCE MANAGEMENT

100 W. Walworth St., P.O. Box 1001

Elkhorn, Wisconsin 53121

262-741-4972 Tel

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**WALWORTH COUNTY APPLICATION
FOR LOT LINE ADJUSTMENTS**

\$60.00

This application form is to be used:

For the approval of all transfers of land between adjoining property owners when the land is of the same zoning district. Attach one of the following prepared by a Wisconsin Registered Land Surveyor.

- If the lot line adjustment is between subdivision lots in the same subdivision, attach a plat of survey.
- If the lot line adjustment is between metes and bounds parcels attach a plat of survey.
- If the lot line adjustment changes the exterior boundary of a subdivision, attach a Certified Survey Map (with county signature lines).
- If the lot line adjustment changes the exterior boundary of a certified survey map, attach a Certified Survey Map (without county signature lines).

Date: _____

Affected Tax Parcel Numbers(s): _____ and _____

Zoning District(s): _____

Purpose of transfer: _____

Are there existing improvements: Yes No

If yes, are they serviced by: Public Sewer Private Septic*

*Please indicate septic system area on Plat .

Will this land transfer meet the minimum zoning district requirements of the Walworth County Code of Ordinances (Zoning/Shoreland Zoning) for lot area and setbacks in relation to the applicable zoning districts?

- For all lot line adjustments the following notation must be included on the Plat of Survey and on the deed:
- For all lot line adjustments requiring a certified survey map, the following notation shall be included.

"This lot line adjustment is for the purpose of a sale or exchange of land between adjoining land owners that does not create additional lots and the original parcels are not reduced below the minimum size required by the Walworth County Code of Ordinances (Zoning/Shoreland Zoning)."

Additional requested information/comments: _____

PROPERTY OWNER: _____

PROPERTY OWNER: _____

SIGNATURE _____

SIGNATURE _____

ADDRESS _____

ADDRESS _____

PHONE# _____

PHONE# _____

This approval is only valid for 60 days. Action must be taken within 60 days to file the necessary deeds in compliance with this approval or this approval is null and void.

PLAT REVIEW DEPARTMENT: DATE: _____

APPROVED: _____

DENIED: _____

ZONING DEPARTMENT: DATE: _____

APPROVED: _____

DENIED: _____

REASON FOR DENIAL: _____