

**PROPERTY LINE ADJUSTMENT APPLICATION**  
**POLK COUNTY COMMUNITY DEVELOPMENT DEPARTMENT, PLANNING DIVISION**

COMPLETED BY STAFF	
Received By: _____	Fee: _____
Date Submitted: _____	Fee Paid: _____
Application No.: _____	Receipt No.: _____
Staff Notes:	

The following sections shall be completed by applicant. Please type or clearly print all information below.

**I. APPLICANT(S)/OWNER(S) (PARCEL 1)**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Email (optional) \_\_\_\_\_

**II. OWNER(S) (PARCEL 2)**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Email (optional) \_\_\_\_\_

**III. PROPERTY**

Property 1: Location or Address \_\_\_\_\_ Tax Acct. No. \_\_\_\_\_  
Township \_\_\_\_\_; Range \_\_\_\_\_; Section(s) \_\_\_\_\_; Tax Lot(s) \_\_\_\_\_  
Comp. Plan Designation \_\_\_\_\_ Zone \_\_\_\_\_  
Current Acreage \_\_\_\_\_ Resulting Acreage \_\_\_\_\_

Property 2: Location or Address \_\_\_\_\_ Tax Acct. No. \_\_\_\_\_  
Township \_\_\_\_\_; Range \_\_\_\_\_; Section(s) \_\_\_\_\_; Tax Lot(s) \_\_\_\_\_  
Comp. Plan Designation \_\_\_\_\_ Zone \_\_\_\_\_  
Current Acreage \_\_\_\_\_ Resulting Acreage \_\_\_\_\_

**IV. REQUEST SUMMARY** (Example, "To transfer 3.0 acres from Parcel 1 to Parcel 2, as shown on the attached plot plan.")

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**V. ATTACHED WRITTEN STATEMENT.** With all land use applications, the “burden of proof” is on the applicant. It is important that you provide information that clearly describes the nature of the request and indicates how the proposal complies with all of the applicable criteria within the Polk County Subdivision and Partition Ordinance (PCSO) and/or the Polk County Zoning Ordinance (PCZO). You must address each of the Ordinance criteria on a point-by-point basis in order for this application to be deemed complete. A planner will explain which sections of the Ordinance pertain to your specific request.

The information described below is required at the time you submit your application. The processing of your application does not begin until the application is determined to be complete. An incomplete application will postpone the decision, or may result in denial of the request. *Please mark the items below to ensure your submittal is complete.*

Application Check List

- A.  A written description, and any necessary additional evidence, that demonstrates how the proposed property line adjustment would comply with the applicable review and decision criteria in the Polk County Subdivision and Partition Ordinance (PCSO) Section 91.960 and the Polk County Zoning Ordinance (PCZO).
- B.  A plot plan of the property on a County Assessor's map. Maps and aerial photographs are available from the Community Development Department. Please indicate the following on your plot plan:
  - 1.  One map showing the existing configuration of the subject lots or parcels and a second map depicting proposed configuration of the subject lots or parcels. These maps shall include approximate acreage of the lots or parcels.
  - 2.  Acreage proposed to be transferred
  - 3.  Access to all lots or parcels (existing and proposed access points)
  - 4.  Location of all existing and proposed buildings, structures, and driveways
  - 5.  Location of all septic systems
  - 6.  Existing County Road, public right-of-way or other means of legal access
- C.  Evidence to demonstrate how the subject property was lawfully established under PCSO 91.950. This should include a copy of the land use action that created the lot or parcel; such as a subdivision plat, partition plat, of property line adjustment; or if prior to May 15, 1974, a deed that describes the property. Please also provide your current deed with legal description. Copies may be obtained at the Polk County Clerk's Office.

**I certify that this application and its related documents are accurate to the best of my knowledge. I am aware that there is a twelve (12) day appeal period following the date of the Planning Director's decision on this land use action. I understand that the signature on this application authorizes representatives of the Polk County Community Development Department to enter upon the subject property to gather information pertinent to this request. If the application is signed by an agent, the owner's written authorization must be attached.**

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**Signatures of owners that appear on deed and/or authorized agent**  
**\*If signed by an agent, owner's written authorization must be attached.**  
**\*Electronic signatures are not accepted.**

**PLEASE NOTE: THIS APPLICATION MUST BE RETURNED IN PERSON.**