

# **STANDARD LOT MERGER APPLICATION PACKET**

**The City of Ripon**



***Community Development Department***

**FILING INSTRUCTIONS:** Complete application must be received by the planning department no later than sixty (60) days prior to the next scheduled planning commission meeting.

**PROCESSING PROCEDURE:** Voluntary Mergers for which a hearing is required shall be reviewed by the Planning Commission. Voluntary Mergers for which a hearing is not required shall be reviewed by the Planning Director. A voluntary merger may be approved if it is found that all of the properties involved in the merger are in common ownership. **Contact the following department\*s) and/or Agency(ies) during processing of this application for possible additional requirements:** Ripon Engineering Dept.; SJ County Recorders Office 209-468-3939 (to finalize action)

**APPLICATION SUBMITTAL REQUIREMENTS:** Unless otherwise determined by the planning department, an application for a lot merger must include the following:

- Application and preliminary environmental assessment fees
- Vicinity Map (8 1/2 x 11)
- 8 1/2 x 11 site plan containing the following information: (Please provide larger if needed).
  - Property lines (including dimensions)
  - Name, address and phone number of applicant
  - Name, address and phone number of owner
  - Street address of project
  - Project title
  - Adjacent streets, alleys, properties
  - Existing features: structures to be retained, utility poles, hydrants, pavement, fences, sidewalks, street lights, trees (note on each item whether it is to be removed or retained)
- Legal description (both before and after requested merger)
- PDF of all submitted documents
- Preliminary Title Report

**APPEAL PROCEDURE:** Any person disagreeing with a decision made by the City Planning or Planning Commission involving the application of this title may appeal the decision to the Planning Commission or City Council as appropriate. An appeal will be valid only if a notice of appeal is filed with the Planning Commission or City Council as appropriate within ten (10) business days from the date of the action or administration decision appealed.

# Standard Lot Merger Application

**City of Ripon**  
259 North Wilma Ave.,  
Ripon, CA 95366  
FAX 209-599-2685  
Phone 209-599-2108

**For Official Use Only**

**SLM#** \_\_\_\_\_ **Fee** \_\_\_\_\_

**PEA#** \_\_\_\_\_ **Fee** \_\_\_\_\_

**Completed App. ( ) Yes ( ) No**

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## **PROPERTY OWNER:**

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
(Print)

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

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**APPLICANT:** ( ) Same as Above Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
(Print)

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

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## **PROJECT SITE INFORMATION:**

Address: \_\_\_\_\_

Assessor Parcel Number (APN): \_\_\_\_\_

Present Zone: \_\_\_\_\_ Actual Use: \_\_\_\_\_

Project Description: \_\_\_\_\_

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Special Circumstances: ( ) YES ( ) NO If yes, describe: \_\_\_\_\_

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(Use additional sheets to continue, if needed)



I hereby certify, under penalty of perjury, that the information provided herein is true and correct.

Signature of Applicant (Prop. Owner)

Date

Date