



CITY OF CLEARLAKE
www.clearlake.ca.us
14050 Olympic Drive
Clearlake, CA 95422
707-994-8201 / FAX 707-995-2653

**LOT MERGER
APPLICATION AND APPROVAL PROCEDURES**

PROCEDURE:

You will need to submit the following information with your application:

1. A completed application form (Attached).
2. One (1) copy of the current recorded grant deed(s) listing all parcels affected by the merger to show proof of ownership.
3. One (1) copy of a preliminary title report not over 60 (sixty) days old prepared by a title company. (Title Insurance is not required)
4. Certificate of taxes paid – current and next year’s estimated taxes. Both installments of taxes must be paid. If you cannot provide a receipt (or a copy of receipt), the County of Lake Tax Collector’s Office can provide a receipt. There is a minimal charge. Please contact the Tax Collector’s office at (707) 263-2234.
5. Copy of assessor’s parcel map.
6. New legal descriptions of existing and proposed lots to be merged prepared by a licensed California land surveyor (if requested by staff).
7. Special Districts receipt for reapportionment – sewer bond. Call Lake County Special Districts at (707) 263-0119. This applies only to property in a sewer district with lots listed under more than one Assessor’s Parcel Number. If the property is either on sewer or is in the area where sewer is available, there may be sewer bonds that appear on your tax statement that need to be combined due to the merger of the lots. The Special Districts Office charges a fee for reapportionment. If applicable, we need a copy of your receipt showing that the reapportionment fee has been paid.
8. Application processing fee will be \$135.00.
9. Recording document fees due and payable to “Lake County Recorder’s Office” at the time your lot merger has been approved. (\$14.00 for the first page and \$3.00 for each additional page)
10. **APPLICANT DESIGNATED ADDRESS TO BE USED:**

(Each piece of property has an assigned address, list the address you want to use for the final, merged parcel)

NOTE: ALL PARTIES OF RECORD TITLE OR WHO HOLD A FINANCIAL INTEREST IN THE PROPERTY WILL BE REQUIRED TO HAVE THEIR SIGNATURE NOTARIZED ON THE "MERGER OF CONTIGUOUS PROPERTIES" PRIOR TO RECORDATION.

LOT MERGER APPLICATION

NO. _____

TO BE COMPLETED BY APPLICANT/OWNER (Please Type or Print)

Address of Parcels (Please list all addresses)

Assessor Parcel Numbers

Reason for Merger

Applicant's Name (if agent)

Phone No.

Applicant's Mailing Address (if agent)

Email: _____

Applicant's Signature (if agent)

Property Owner's Name

Phone No.

Property Owner's Mailing Address

Email: _____

Property Owner's Signature

STAFF USE ONLY	
FILE NO.:	LOT LETTER: _____
Fees: \$ _____	Receipt No. _____
Date Received: ____ / ____ / ____	Received by: _____
Existing Use: _____	Zone: _____ Related Files: _____
Date Approved: _____	Date to Recorder: _____ Recorded Doc #: _____