



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Lot Consolidation

Subdivision Name: \_\_\_\_\_

1<sup>st</sup> Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan No. \_\_\_\_\_

Are there buildings on the Lot.            YES            NO

Type of Buildings:      Cabin/Home      Garage      Shed  
(Please select all that apply)

2<sup>nd</sup> Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan No. \_\_\_\_\_

Are there buildings on the Lot.            YES            NO

Type of Buildings:      Cabin/Home      Garage      Shed  
(Please select all that apply)

**NOTE:** No building permits will be issued until a title has been registered for the lot consolidation.

### For Office Use Only

Information Verified    YES    NO  
(Circle)

Verified By: \_\_\_\_\_

Resolution #: \_\_\_\_\_

New Lot # \_\_\_\_\_

Approval Date: \_\_\_\_\_