



City of Ketchum  
Planning & Building

OFFICIAL USE ONLY
File Number:
Date Received:
By:
Fee Paid:
Approved Date:
Denied Date:
By:

## Lot Line Shift Application

OWNER INFORMATION	
Owner Name:	
Mailing Address:	
Phone:	
Email:	
PROJECT INFORMATION	
Name of Proposed Plat:	
Representative of Owner:	
Phone:	
Mailing Address:	
Email:	
Legal Land Description:	
Project Address:	
Number of Lots:	Number of Units:
Total Land Area in Square Feet:	Current Zoning District:
Overlay District: <input type="checkbox"/> Flood <input type="checkbox"/> Mountain <input type="checkbox"/> Avalanche	
Easements to be Dedicated on the Final Plat (Describe Briefly):	
ATTACHMENTS	
Attachments Necessary to Complete Application:	
1. A copy of a current lot book guarantee and recorded deed to the subject property;	
2. One (1) copy of preliminary plat; and,	
3. A CD or email of an electronic (.pdf) of the plat.	

Applicant agrees in the event of a dispute concerning the interpretation or enforcement of the Lot Line Shift Application, in which the City of Ketchum is the prevailing party, to pay reasonable attorney fees, including attorney fees on appeal, and expenses of the City of Ketchum. I, the undersigned, certify that all information submitted with and upon this application form is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner/Representative

\_\_\_\_\_  
Date