

**Mono County
Community Development Department**

P.O. Box 347
Mammoth Lakes, CA 93546
(760) 924-1800, fax 924-1801
commdev@mono.ca.gov

Planning Division

P.O. Box 8
Bridgeport, CA 93517
(760) 932-5420, fax 932-5431
www.monocounty.ca.gov

**LOT LINE ADJUSTMENT
APPLICATION**

APPLICATION # _____	FEE \$ _____
DATE RECEIVED _____	RECEIVED BY _____
RECEIPT # _____	CHECK # _____ (NO CASH)

APPLICANT/AGENT R.O. Anderson Engineering/ Andrew Lindsay

ADDRESS 1603 Esmeralda Ave **CITY/STATE/ZIP** Minden, NV 89423

TELEPHONE ([REDACTED]) **E-MAIL** survrt@roanderson.com

OWNER, if other than applicant David E. Wood Wood Bridgeport LLC

ADDRESS P.O. Box 157 **CITY/STATE/ZIP** Bridgeport, CA 93517

TELEPHONE ([REDACTED]) **E-MAIL** mbunn@wood-ag.com

PROJECT DESCRIPTION: Assessor's Parcel # 008-060-071; 008-060-070

APPLICATION PACKET SHALL INCLUDE:

- A. Plot Plan: Exhibit "A", a reproducible Plot Plan map, preferably on 8.5" x 11" (maximum size 11" x 17") drawn to a legible scale that illustrates and clarifies the requested lot line modifications. The Plot Plan must contain sufficient detail to verify conformance with existing zoning and building regulations. The Plot Plan must illustrate the following items where applicable: (a) existing zoning; (b) existing and proposed lot areas; (c) existing surface and subsurface structures and improvements; (d) existing septic system and well locations; (e) streams and waterways; (f) existing/proposed easements and access routes; and (g) any unusual topographic features or other information (such as compliance with minimum setback requirements) that may be pertinent to review and approval of the application.
- B. Completed Project Information form.
- C. Appropriate application fee: See Development Fee Schedule.

I/We certify that I/we are the owners of the subject property or that I/we have been authorized by the owners to process this application.

[REDACTED SIGNATURE]

Signature

6-30-23

Date

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TELEPHONE [REDACTED] **E-MAIL** survrt@roanderson.com

OWNER, if other than applicant John W. Lacey Lacey Livestock

ADDRESS P.O. Box 157 **CITY/STATE/ZIP** Bridgeport, CA 93517

TELEPHONE [REDACTED] **E-MAIL** mbunn@wood-ag.com

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[REDACTED SIGNATURE]

Signature

6-30-23
Date

RECORDING REQUESTED BY

COMMUNITY DEVELOPMENT DEPARTMENT

AND WHEN RECORDED MAIL TO

Mono County Planning Division
P.O. Box 8
Bridgeport, CA 93517

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

**OWNER'S REQUEST FOR
LOT LINE ADJUSTMENT**

PARCELS SUBJECT TO LOT LINE ADJUSTMENT: Assessor's Parcel Numbers

008-060-071 008-060-070 _____

SIGNATURE OF RECORD TITLE OWNERS: This document will be recorded. All record title owners must sign below, and their signatures must appear as reflected on the recorded deeds. *All signatures must be notarized.*

I/we hereby attest by my/our signature(s) hereon that I/we am/are all the record title owner/owners of the above-referenced real property. I/we also affirm that said property consists of two or more continuous lots under our common/separate ownership. I/we understand that recordation of this Request for Lot Line Adjustment shall cause the subject parcels to be adjusted per the attached exhibit maps.

I/we hereby attest by our signature(s) hereon that I/we have initiated this Lot Line Adjustment and are requesting that the County record this notice with the Lot Line Adjustment approval.

David E. Wood, Manager/Member

[Redacted Signature]

6-30-23

Name Wood Bridgeport LLC

Notarized signature

Date

Name

Notarized signature

Date

Name

Notarized signature

Date

Name

Notarized signature

Date

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }
County of Fresno

On June 30, 2023 before me, Stephanie A Baggs - Vasquez Notary Public
Date Here Insert Name and Title of the Officer

personally appeared David E Wood
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Stephanie A Baggs Vasquez
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Owners request for Lot Line Adjustment
Document Date: 6/30/2023 Number of Pages: 2
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: David E Wood Signer's Name: _____
 Corporate Officer – Title(s): _____ Corporate Officer – Title(s): _____
 Partner – Limited General Partner – Limited General
 Individual Attorney in Fact Individual Attorney in Fact
 Trustee Guardian or Conservator Trustee Guardian or Conservator
 Other: _____ Other: _____
Signer is Representing: _____ Signer is Representing: _____

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John W. Lacey		Date <u>6-30-23</u>
Name Lacey Livestock	_____	
_____	Notarized signature	Date
_____	_____	
Name	Notarized signature	Date
_____	_____	
Name	Notarized signature	Date

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Luis Obispo)

On June 30, 2023 before me, Sheryl Reeves, Notary Public
(insert name and title of the officer)

personally appeared John W. Lacey
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Sheryl Reeves (Seal)

