To request translation or disability-related accommodations, please contact us at **DTDcompliance@clackamas.us** | **503-742-4400**.

Si quiere solicitar servicios de traducción o adaptaciones para la discapacidad, contáctenos en/al **DTDcompliance@clackamas.us** | **503-742-4400**.

Чтобы запросить перевод или приспособления, связанные с инвалидностью, пожалуйста, свяжитесь с нами по:
DTDcompliance@clackamas.us | **503-742-4400**.

Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними:
DTDcompliance@clackamas.us | **503-742-4400**.

如需翻译服务或残障相关的协助，请与我们联系：
DTDcompliance@clackamas.us | **503-742-4400**。

Để yêu cầu dịch vụ dịch thuật hoặc điều chỉnh liên quan đến tình trạng khuyết tật, vui lòng liên hệ với chúng tôi qua **DTDcompliance@clackamas.us** | **503-742-4400.**

Clackamas County
www.clackamas.us

Property Line Adjustment or Replat? Evaluation

Clackamas County Surveyor's Office
150 Beavercreek Road # 325, Oregon City, OR 97045
503-742-4475
http://www.clackamas.us/surveyor/

The completed evaluation can be emailed to surveyor@clackamas.us

PROPERTY INFORMATION (Required)

Assessors Tax Map Number:_____ Tax Lot Number: _____

Brief description of proposed change: _____

_____

_____

APPLICANT / OWNER INFORMATION (Required)

Date Requested: _____

Applicant Name: _____

Applicant Address: _____

Phone Number: _____

E-mail Address: _____

Applicant same as Owner? Yes / No (if no, please complete owner information)

Owner Name: _____

Owner Address: _____

Phone Number: _____

E-Mail Address: _____

STAFF REVIEW

___ Proposed change is to be processed as a Clackamas County Zoning and Development Ordinance (ZDO) Section 1107 - Property Line Adjustment Survey with deeds. (Pursuant to ORS 92.010 (9b) (12); 92.190 (2), (3) and (4).

___ Proposed Change is to be processed as a Clackamas County Zoning and Development Ordinance (ZDO) Section 1105 -Replat / Partition Plat (Pursuant to ORS 92.010 (13).

By: _____ Date: _____

Comments: _____

_____

_____

(Attach copy of sketch or tax map with proposed change shown)

___ cc: Surveyor ___ cc: Owner