

LAKE HAVASU CITY

Lot Alteration Application

Submit completed application to the Development Services Department / Planning Division: 2330 McCulloch Blvd N. / Lake Havasu City, AZ 86403 or planninginfo@lhcaz.gov

To review dimensional standards, see Lake Havasu City Code Section 14.04.01.

APPLICATION NUMBER	-	DATE		
(1) OWNER NAME / MAILING ADDRESS / CONTACT INFO	BUOVE			
	PHONE			
	EMAIL			
(2) APPLICANT NAME / MAILING ADDRESS / CONTACT INI	PHONE	wner)		
	EMAIL			
(3) SITE LOCATION(S)				
STREET ADDRESS	TRACT	BLOCK	LOT	
STREET ADDRESS	TRACT	BLOCK	LOT	
(4) REQUEST DESCRIPTION				
(5) SUBMITTAL REQUIREMENTS				
a) Lot Combination / Un-Combination				
i) Copy of deed(s)				
ii) Two (2) ea. 8-1/2" x 11" copies of a tract map with subje	ect properties identified			
b) Lot Split / Lot Line Adjustment				
i) Copy of deed(s). Note: Transfer of property between ov	wners will require update	ed deeds. Contact titl	e company for info.	
ii) Two (2) ea. 8-1/2" x 11" copies of the preliminary parcel	plat stamped by a Stat	e of Arizona registere	ed surveyor	
(C) ADDI ICATION DECOCOCING TIMEEDAME & FEEC				
(6) APPLICATION PROCESSING TIMEFRAME & FEES	and the second s	l	(0	
a) Staff reviews submittal requirements for completeness and		-		
b) Staff contacts applicant for payment of fee (3 business day	,		r casn.	
c) Staff performs internal review and requests review from app	_	es (7 business days).		
d) Staff mails original Notice of Action to owner and a copy to				
Lot Combination / Un-Combination ☐ \$526.50	Lot Split /	Lot Line Adjustmen	t∐ \$526.50	
(7) POST APPROVAL REQUIREMENTS OF OWNER OR AP	PLICANT			
a) Lot Combination / Un-Combination				
Complete all application requirements of the Mohave Count	ty Assessor's Office / C	artography Dept. Fee	es may apply.	
b) Lot Split / Lot Line Adjustment	,	3 1 7 1	, ,,,	
i) Submit parcel plat mylar to the City for signature by the	Development Services	Director		
ii) Complete all application requirements of the Mohave Co			Fees may apply	
iii) If the property is developed, the parcel plat must show a				
(8) CONTACT INFORMATION LHC Planning Division: Trevor Kearns, City Planner, Phone	· (928) 854-0783 kearn	st@lhcaz dov		
LHC Planning Division: Chris Gilbert, Planning Division Mar	· · · · · · · · · · · · · · · · · · ·		7 001	
Mohave County Assessor's Cartography Dept.: PO Box 700	• , ,			
(9) CLARIFICATION A person may request the City to clarify its interpretation or	application of a statute	ordinance code or	policy affecting the	
processing of this application in accordance with ARS § 9-8		oranianos, oode, or	policy allocally allo	
(10) CERTIFICATION/ACKNOWLEDGEMENTa) I hereby file the above request as an authorized applicant.				
•	oin is accurate and tous			
b) To the best of my knowledge, the information provided here				
c) I am aware of the steps and timeframes involved in the pro-	cessing of this applicati	on.		
d) I am aware of the post approval requirements.	ulua a Ala ak		ittima ana ana ana ana	
To submit this application electronically, Lake Havasu City requisignature. Please type your name in the field below and click the			mitting an electronic	
SIGNATURE	DATE			

Revised 12/27/2023

CONFIRM SIGNATURE ☐ Page 1 of 2 (CA 12.27.23)

Notice: Arizona Revised Statutes § 9-495 requires in any written communication between the City and a person, the City provide the name, telephone number, and email address of an employee to provide information if the communication: 1) Demands payment of a tax, fee, penalty, fine or assessment; 2) Denies an application for a permit or license that is issued by the City; or 3) Requests corrections, revisions or additional information or materials needed for approval of any application for a permit, license or other authorization that is issued by the City. The employee shall reply within five (5) business days after City's receipt of a communication if authorized and able.