



WALLOWA COUNTY  
Planning Department  
101 S River Street #105  
Enterprise, Oregon 97828  
541-426-4543 ext. 1170

## IMPORTANT NOTICE TO APPLICANTS FOR PARTITIONS AND LOT LINE ADJUSTMENTS (BOUNDARY LINE ADJUSTMENTS)

The Wallowa County Planning Department may grant preliminary approval for the reconfiguration of your property, but it is up to you to finalize that reconfiguration by obtaining the necessary maps, legal description, and if required, surveys and recording those documents with the County Clerk, all at your expense. Your partition is not final until it is approved by the Planning Department and the County Surveyor for recording and then actually recorded. After recording, the Planning Department would like to receive a copy of the recorded documents for its records.

State Law (ORS 92.095) requires that no partition shall be recorded unless all ad valorem taxes, interest and penalties, and special assessments or fees which have become or **will become a lien on the land during the year have been paid**. Therefore it is the policy of Wallowa County that prior to preliminary approval of your partition of lot line adjustment your application shall demonstrate, by an initialed report from the county treasurer, whether taxes on the lands to be reconfigured are current. If there is a delay between the preliminary approval and the recording of reconfiguration documents, you may need to reconfirm the status of tax payment. **YOUR PARTITION OR LOT LINE ADJUSTMENT CANNOT BE RECORDED< FINALIZED OR MAPPED UNTIL ALL APPLICABLE TAXES ARE PAID.**



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PERMIT#: \_\_\_\_\_  
 E-PERMIT#: \_\_\_\_\_  
 DATE FILED: \_\_\_\_\_  
 TOTAL FEE: \_\_\_\_\_  
 CHECK NUMBER: \_\_\_\_\_

**LAND PARTITION APPLICATION**

LEGAL OWNER: \_\_\_\_\_ REFERENCE#: \_\_\_\_\_  
 APPLICANT: \_\_\_\_\_ TWP: \_\_\_\_\_  
 PROJECT ADDRESS: \_\_\_\_\_ RANGE: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ SECTION: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ TAX LOT#: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_ ACRES: \_\_\_\_\_  
 \_\_\_\_\_ ZONE: \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_

THIS APPLICATION **WILL/WILL NOT** BE CONSIDERED BY THE SALMON PLAN TECHNICAL COMMITTEE AND ARTICLE 36 OF THE WALLOWA COUNTY ORDINANCES.

**PRELIMINARY MAP: THE APPLICANT SHALL PROVIDE A PRELIMINARY MAP OF THE PROPOSED PARTITION INCLUDING THE FOLLOWING INFORMATION (AN ASSESSOR'S MAP MAY SUFFICE):**

- THE NUMBER, SIZE, AND LOCATION OF EXISTING AND PROPOSED PARCELS.
- NAME AND WIDTH OF THE STREET(S) WHICH SERVE THE PARCEL.
- LOCATION AND WIDTH OF ANY PROPOSED EASEMENTS.
- PROPOSED USE OF THE PARCELS.
- PLOT PLAN SHOWING THE LOCATION OF THE PROPOSED PARTITION AND THE LOCATION OF ALL EXISTING AND PROPOSED STRUCTURES.
- PRELIMINARY REPORT OF TITLE TO ESTABLISH OWNERS AND LIEN HOLDERS TO BE NOTICED.

I hereby certify that all of the above information furnished by me is correct to the best of my knowledge and issuance of this permit is based on this information. Any error committed by the issuing authority shall not excuse me from complying with any other applicable state and local laws and ordinances. I understand that any deviation other than that allowed by law may nullify and validity of this permit.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**ACTION TAKEN (SUBJECT TO FINAL PARTITION PLAT APPROVAL)**

Planning Department Action \_\_\_\_\_ Planning Commission Action \_\_\_\_\_  
 Approved \_\_\_ Denied \_\_\_ Conditionally Approved \_\_\_ Conditions of Approval: \_\_\_\_\_

DATE OF ACTION \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_

Permit Authorization: \_\_\_\_\_

_____	_____	_____
Wallowa County Planning Department	Date	County Surveyor
		Date



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## AFFIDAVIT OF PARTITION APPROVAL

I (WE) \_\_\_\_\_  
BEING FIRST AND DULY SWORN, DEPOSE AND SAY:

1. That I am (we are) the record owner(s) of the real property described in the attached and incorporated MP# \_\_\_\_\_.
2. That I (we) have been granted Partition approval per the Oregon State Statutes 92.305 to 93.495, to partition our property.
3. I/We make this affidavit for the purpose of recording the approval in the public records and authorizing the county Assessor to make appropriate changes in the tax assessment records and maps.
4. I/We understand that property taxes due Wallowa County must be current in the order for Assessment Records/ Maps to be changed.

\_\_\_\_\_  
Date

State of \_\_\_\_\_, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me on the \_\_\_\_\_ Day of \_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public For

My Commission Expires: \_\_\_\_\_

**Attach Exhibits:** 1) Approved Wallowa County Planning Department Partition Application. 2) Legal descriptions of parcels before and after Partition, 3) Maps showing parcels and all structures on any parcel before and after Partition.

**Note:** A copy of this affidavit and attached exhibits must be provided to the Planning Department after recording.