



**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 (BOUNDRY LINE ADJUSTEMENTS)**

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 #:	_____

**PLAT**

SELECT TYPE →

- LEGAL UNIT OF LAND VERIFICATION & PARTITION PLAT     
  PARTITION PLAT     
  REPLAT OF PARTITION PLAT OR SUBDIVISION

LEGAL OWNER: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ REF#: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_ TWP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ RANGE: \_\_\_\_\_

APPLICANT PHONE NUMBER: \_\_\_\_\_ SECTION: \_\_\_\_\_

APPLICANT E-MAIL: \_\_\_\_\_ TAX LOT: \_\_\_\_\_

CONTACT/ PHONE NUMBER \_\_\_\_\_ ACRES: \_\_\_\_\_

(if different): \_\_\_\_\_

CONTACT/ EMAIL \_\_\_\_\_ ZONE: \_\_\_\_\_

(if different): \_\_\_\_\_

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

**PROVIDE PRELIMINARY MAP(S) OF THE PROPOSED PARTITION INCLUDING THE FOLLOWING INFORMATION:**

1. NUMBER, SIZE, AND LOCATION OF EXISTING AND PROPOSED PARCELS, WITH TAX LOTS LINES, TRS, AND AN AERIAL PHOTO
2. NAME AND WIDTH OF THE STREET(S) WHICH SERVE THE PARCEL
3. LOCATION AND WIDTH OF ANY PROPOSED EASEMENTS
4. PROPOSED USE OF THE PARCELS
5. PLOT PLAN SHOWING THE LOCATION OF THE PROPOSED PARTITION AND THE LOCATION OF ALL EXISTING AND PROPOSED STRUCTURES

I hereby certify that the 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 the validity of this permit. I understand that if processing this permit requires more than 5 hrs. of staff time and \$25 in supplies and materials, I am responsible for the additional fee and will be charged staff time at \$35 per hour and other items at cost.

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

**COUNTY USE ONLY - ACTION TAKEN IS SUBJECT TO FINAL PARTITION PLAT APPROVAL**

Planning Department: \_\_\_\_\_ Approved: \_\_\_\_\_ Expiration: \_\_\_\_\_  
 Planning Commission: \_\_\_\_\_ Denied: \_\_\_\_\_

Conditions of Approval: \_\_\_\_\_

**PERMIT AUTHORIZATION:**

\_\_\_\_\_ Date \_\_\_\_\_  
 Wallowa County Planning Department Wallowa County Surveyor Date



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Must be printed on legal paper (8 1/2" x 14")

### **AFFIDAVIT OF PLAT/REPLAT 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 approval from the Planning Department, consistent with the requirements of the Oregon State Statutes 92.180 to 93.192, to replat 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.