

DATE RECEIVED:



**City of Nome**  
**Minor**  
**Lot Consolidation Application**

- A lot consolidation requires a recorded plat or Notice of Minor Lot Consolidation and can only be performed on four or fewer abutting lots of record resulting in a single lot.

**PROPERTY OWNER INFORMATION**

Owner(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**LEGAL DESCRIPTION OF PROPERTY TO BE CONSOLIDATED**

Block: \_\_\_\_\_ Lot(s) \_\_\_\_\_ Tax Lot(s) \_\_\_\_\_

Property Address: \_\_\_\_\_

**LEGAL DESCRIPTON OF NEW PARCEL DESIGNATION**

Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_ Tax Lot: \_\_\_\_\_

Describe Project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please Note: If the City Manager finds that the description or drawing does not clearly identify the new lot, the City Manager may require the applicant provide a plat prepared by a professional land surveyor licensed to practice in the state of Alaska.**

P.O. BOX 281 ~ NOME, ALASKA 99762~ TELEPHONE (907) 443-NOME FAX (907) 443-5345

Lot Consolidation Application  
Nome Subdivisions Chapter 70.060

O-08-07-03  
7/09

**SUBMITTAL REQUIREMENTS**

The following information material must be submitted by the applicant:

- Application** The application must be signed by the owner(s) and shall include the information requested on this form.
- Filing Fee** \$150.00
- Written evidence that the parcels are in common ownership.**
- A written legal description or drawing of the new parcel providing a unique lot or tract designation and a drawing showing the location of all existing and proposed lot lines and boundaries.**

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**CERTIFICATION:**

I HERBY CERTIFY THAT (I am) the owner of the property described and that I desire to consolidate this property in conformance with the City of Nome Subdivision Regulations. I certify that the above statements are true. By signing this application, the undersigned certifies that he/she has read and understands the submittal requirements above.

Signature of Applicant	Date	Owner Authorized Representative	Date
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\_\_\_\_\_  
Applicant's Name (Please Print)

**FOR DEPARTMENT USE:**

**TAX COMPLIANCE CERTIFICATION (NCO 5.10.020) Yes\_\_\_\_\_ No\_\_\_\_\_**

**Comments:**\_\_\_\_\_

Receipt # \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Date: \_\_\_\_\_