



City of Edgewood, Washington
Department of Community Development
 2224 104th Ave. East
 Edgewood, WA 98372-1513
 Phone 253.952.3299 Fax 253.952.3537

**Boundary Line Adjustment
 Application Form**

Project Number : _____ **Fee Collected:** yes no / **Amount \$** _____
Application Date : _____
Project Lead : _____ **Related File :** _____
Site Address : _____ **Related File2 :** _____

Applicant: _____ **Telephone:** _____

Mailing Address: _____ **ZIP:** _____

Status of Applicant (i.e., owner, agent, etc.):

 (If other than property owner, attach ownership certification)

Location of parcel(s):

List the legal owner(s) for each lot and all parties holding a financial interest in the properties. Submit to the Department documentation that all property owners agree to the proposed lot line adjustment.

LOT A	LOT B
Pierce County Tax Parcel #:	Pierce County Tax Parcel #:
Existing Lot Size:	Existing Lot Size:
Proposed Lot Size:	Proposed Lot Size:
Legal Owner (Please Print) :	Legal Owner (Please Print) :
Mailing Address:	Mailing Address:
Phone:	Phone:

Owner Signature:

Owner Signature:

Use additional sheet if necessary.

EXISTING

LOT A

Existing Legal Description:

LOT B

Existing Legal Description:

Diagram the Existing Lot Configuration Below:

PROPOSED

LOT A

Proposed Legal Description:

LOT B

Proposed Legal Description:

Diagram the Proposed New Lot Configurations:

SUBMITTAL REQUIREMENTS

The following information is required for a boundary line adjustment:

1. Original and three (3) copies of the application form (4 total).
2. Proof that the proposed lots to be adjusted are legal lots of record and are separate lots.
3. Provide a preliminary title report, dated not more than 30 days prior to the submission of the application, setting forth all persons having an interest in the lots affected by the BLA.
4. A notarized statement that all property owners and/or parties of interest are aware of and agree to the proposed boundary line adjustment (The application form may serve this purpose, if notarized).
5. Original and three (3) Paper copies in Mylar format to the standards set forth in Section 16.02.050, Boundary Line Adjustments. (4 total).
6. Copy of existing drain fields and septic design (if applicable) from Tacoma Pierce County Health Department.
7. Application review fee must be paid at the time of application submittal. See Fee Schedule in place at time of application.