Boundary Line Adjustment Application

<table>
<thead>
<tr>
<th># Copies Required</th>
<th>Description of Required Documents</th>
<th>Required</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Boundary Line Adjustment Application Fee</td>
<td>A</td>
</tr>
<tr>
<td>1</td>
<td>BLA Application</td>
<td>A</td>
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</tbody>
</table>
| 1 per agency      | Supporting documentation which demonstrates that your application has been filed for review with the following agencies:  
  ➢ Pierce County Assessor  
  ➢ Pierce County Public Works (if on sewer)  
  ➢ Tacoma-Pierce County Health Department | A        |
| 4                 | 18” x 24” Copies of Proposed BLA   | A        |
| 3                 | Current title report (issued within 30 days of application submittal) | A        |
| 2                 | Documentation necessary to verify legal lot status. Refer to LMC 18A.50.115.A.2. These documents may include recorded deeds, subdivision records, or recorded boundary line adjustments or possibly a chain of title report. * | A        |
| 6                 | 11 x 17” reduced-size copies of BLA map | A        |

(See SEPA form)  
SEPA Application and Fee  
M

A=Always required.  
M=May be required.

*If you have any questions, please ask to speak to a planner.

All large maps must be folded to fit into a 10” x 13” envelope with the application name of the plan showing.

All above items and any other material that may be required by the city must be submitted at the time of application in order for the application to be accepted as complete. Handouts and application forms may be revised without notice.

Updated 05/01/2012
Boundary Line Adjustment Application

ADDRESS/LOCATION: __________________________________________

PROPOSED USE: ___________________________ ZONE: ___________________________

PIERCE COUNTY PARCEL NUMBER (S): __________________ ACRES: ______________

⅓ Section _______ SECTION _______ TOWNSHIP _______ N  RANGE _______ E

PROPOSED PROJECT DESCRIPTION/INTENT:

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

APPICANT: (mandatory)
Name: ___________________________ Daytime Phone: ___________________________
Mailing Address: __________________________________ Fax Number: ___________________________
City/State/Zip: ___________________________ Professional License No: ___________________________
Signature: ___________________________ Contact Person: ___________________________

AGENT/ CONSULTANT/ ATTORNEY: (mandatory if primary contact is different from applicant)
Name: ___________________________ Daytime Phone: ___________________________
Mailing Address: ___________________________ Fax Number: ___________________________
City/State/Zip: ___________________________ License No: ___________________________

PROPERTY OWNER 1: (mandatory if different from applicant)
Name: ___________________________ Daytime Phone: ___________________________
Mailing Address: ___________________________ Fax Number: ___________________________
City/State/Zip: ___________________________ Signature: ___________________________

PROPERTY OWNER 2: (if more than two property owners attach additional info/signature sheets)
Name: ___________________________ Daytime Phone: ___________________________
Mailing Address: ___________________________ Fax Number: ___________________________
City/State/Zip: ___________________________ Signature: ___________________________

The above signed property owners, certify that the above information is true and correct to the best of our knowledge and under penalty of perjury, each state that we constitute all of the legal owners of the property described above and designate the above parties to act as our agent with respect to this application:

________________________________________

OFFICE USE ONLY:

DATE APPLICATION RECEIVED: ______________ RECEIVED BY: ___________________________

DATE APPLICATION COMPLETE: ______________ COMPLETENESS REVIEW BY: ___________________________

I:\SHARED\Templates\APPLICATION PACKETS - LAND USE\Boundary Line Adjustment.doc
THE APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION WHEN SUBMITTING A BLA APPLICATION:

A. The completed original application form and one (1) additional copy, making sure that all of the required signatures have been obtained.

B. Supporting documentation which demonstrates that your application has been filed for review with the following agencies:
   - Pierce County Assessor
   - Pierce County Public Works (if on sewer)
   - Tacoma-Pierce County Health Department

C. Four (4) 18” x 24” copies of the proposed BLA.

D. Three (3) copies of a current title report (issued within 30 days of short plat submittal).

E. Two (2) copies of documentation necessary to verify legal lot status. Refer to LMC 18A.50.115.A.2. These documents may include recorded deeds, subdivision records, or recorded boundary line adjustment documents or possibly a chain of title report.*

F. Six (6) 11 x 17” reduced-size copies of BLA map.

ALL LARGE MAPS MUST BE FOLDED TO FIT INTO A 10” x 13” ENVELOPE WITH THE APPLICATION NAME OF THE PLAN SHOWING.

All above items and any other material that may be required by the city must be submitted at the time of application in order for the application to be accepted as complete. Handouts and application forms may be revised without notice.

*If you have any questions, please ask to speak with a planner.