



Date Received	_____
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Receipt No.	_____

## **Lincoln County Land Services** **“Boundary Line Adjustment Application”**

27234 SR 25N Davenport, WA 99122

509.725.7911

Fax 509.725.4467

[www.co.lincoln.wa.us](http://www.co.lincoln.wa.us)

**1. GENERAL INFORMATION.** *(In order to expedite the process, please read carefully and submit required information and documents.)*

**A.** Fee: \$175.00, payable with application submittal to Land Services-Planning Division.

**B.** Boundary Line Adjustment means the legal adjustment of boundary lines between two legally created abutting lots, tracts or parcels, which creates no additional lot, tract, parcel or site and which results in no lot, tract, parcel or site that contains insufficient area and dimension to meet minimum development requirements for a building site.

**C.** The adjustment cannot relocate any access easements, utilities and/or on-site septic systems.

**D.** If the original plat boundary lines were surveyed, then, if applicable, the adjusted boundary line(s) shall be surveyed by a registered land surveyor and signed and submitted with this application. The director may waive this requirement for certain minor adjustments.

**E.** It is recommended that a professional land surveyor, title officer or attorney prepare the legal descriptions and required documentation.

**F.** Existing and proposed new legal descriptions and parcel sizes must be shown.

**G.** Please attach a copy of the conveying documents, e.g. statutory warranty deed or quit claim deed, written legals, etc. Original conveying documents must be recorded at the same time the boundary line adjustment is recorded.

**H.** A completed real estate excise tax form and the original conveying document (deed) must be presented to the Treasurer’s office for processing and payment of real estate excise tax and fees due prior to recording in the Auditor’s office. All property taxes on all parcels affected by the boundary line adjustment must also be paid before the Treasurer’s office can sign off on the boundary line adjustment for recording.

**2. APPLICATION PROCESS.**

Please submit all required materials to Lincoln County Planning Services located at 27234 SR 25 N, Davenport, WA 99122. After the request is reviewed by the planning director and if found to be complete and consistent with applicable development standards and approval is granted, the applicant or representative shall have the documents recorded with the Lincoln County Auditor.

**Return Address:**

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

**Document Title(s)** (or transactions contained therein):

1. Boundary Line Adjustment(s)
- 2.

**Reference Number(s) of Documents assigned or released:**

(on page \_\_\_\_\_ of document(s))

**Grantor(s)**

- 1.
- 2.
- 3.

\_\_\_\_\_ Additional name(s) on page \_\_\_\_\_ of document.

**Grantee(s)**

- 1.
- 2.
- 3.

\_\_\_\_\_ Additional name(s) on page \_\_\_\_\_ of document.

**Legal description** (abbreviated: e.g. lot, block, plat or section, township, range)

\_\_\_\_\_ Additional legal(s) on page \_\_\_\_\_ of document.

**Assessor's Property Tax Parcel/Account Number**

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

\_\_\_\_\_ Additional legal(s) on page \_\_\_\_\_ of document.

The Auditor will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

**Grantor:**

PROPERTY OWNER(s) "A"

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

Phone: \_\_\_\_\_

Lot # \_\_\_\_\_

Existing Lot Size: \_\_\_\_\_

Proposed Lot Size: \_\_\_\_\_

Grantor Parcel No(s). *(Include all affected parcels)* \_\_\_\_\_

\_\_\_\_\_

Grantee Parcel No(s). *(Include all affected parcels)* \_\_\_\_\_

\_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ North, Range: \_\_\_\_\_ E.W.M.

Zoning District: \_\_\_\_\_

Note: All persons holding a financial interest in the property must be listed.  
Please attach additional pages, if necessary.

NAME AND ADDRESS

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

Phone: \_\_\_\_\_

**Grantee:**

PROPERTY OWNER(s) "B"

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

Phone: \_\_\_\_\_

Lot # \_\_\_\_\_

Existing Lot Size: \_\_\_\_\_

Proposed Lot Size: \_\_\_\_\_

NAME AND ADDRESS

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

Phone: \_\_\_\_\_

*Please attach the survey, if a survey is not required (check with the planning department) **please attach an accurate drawing** that shows the existing boundary line to be adjusted (dashed line) and the new boundary line (solid line). Also, if, applicable, show existing improvements including; houses, buildings, orchards, wells, easements, septic tanks, drain-fields and other features.*

ACKNOWLEDGEMENT AND AGREEMENT  
AND  
STATEMENT OF CONSENT AND WAIVER OF CLAIMS

The owners of property described herein do acknowledge and hereby agree to hold Lincoln County harmless in any action arising as a result of this boundary line adjustment.

I, (We), the owner(s) of all the property described herein do hereby acknowledge and agree to hold Lincoln County harmless in any cause of action arising out of the boundary line adjustment or recordation of same. Furthermore, I, (we), the owner(s) of all the property involved in this boundary adjustment, hereby consent to the adjustment of property lines as proposed in this application.

IN WITNESS WHEREOF, we have set our signature(s) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(owner)

\_\_\_\_\_  
(owner)

\_\_\_\_\_  
(owner)

\_\_\_\_\_  
(owner)

ACKNOWLEDGEMENT

This is to certify that on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_, before me, \_\_\_\_\_ personally appeared to me, known to be the person(s) who executed the this statement of consent and waiver of claims and acknowledge and that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned in the instrument.

(Seal or Stamp)

\_\_\_\_\_  
NOTARY PUBLIC in and for the  
State of Washington, residing in  
\_\_\_\_\_

Reviewed and Approved \_\_\_\_\_  
Date \_\_\_\_\_ 20\_\_  
  
\_\_\_\_\_  
Jim DeGraffenreid  
Planning Director

I hereby certify that taxes and assessments on property shown herein have been paid for \_\_\_\_\_ and preceding years this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.  
  
\_\_\_\_\_  
Lincoln County Treasurer