



ISLAND COUNTY PLANNING & COMMUNITY DEVELOPMENT

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BOUNDARY LINE ADJUSTMENT (BLA) APPLICATION

Applicability. This application is used to adjust the location of boundary lines between contiguous, tracts, parcels, platted or unplatted lots or both. The BLA process applies if:

- No additional lots will be created. (You end with the same number or fewer lots than you started.)
- Resulting lots are within one zone district, not split-zoned.
- Resulting lots contain sufficient area and dimensions to meet the minimum requirements for width and area for a building site.

Please use the checklists below and throughout this form to ensure you provide all the information required for Island County to review your proposal. The items listed in the following Counter Checklist are the minimum requirements that must be provided and complete at the time you submit your application to the County, or the application will not be accepted. The application must be submitted in person to the Planning Department.

COUNTER CHECKLIST

Applicant Use	Application Requirements	County Use
_____	1. Completed Application Form (Parts A and B)	_____
_____	2. Signatures of all owners	_____
_____	3. A legible BLA map showing required elements	_____
_____	4. Existing Legal Descriptions (per Recording requirements)	_____
_____	5. Proposed Legal Description of each revised lot or parcel.	_____
_____	6. Signed Acknowledgment regarding County codes and access.	_____
_____	7. Original and two (2) copies, each set collated	_____

BOUNDARY LINE ADJUSTMENT (BLA)

PART A

FOR COUNTY USE ONLY

Application Number _____ Date Received _____

Fee Paid _____

Receipt _____

Type or neatly print all application information and provide the signatures in blue ink. Please take your time to provide complete answers and all the information requested. If you believe any portion is not applicable, explain why in the blank. Illegible and/or incomplete applications will not be accepted.

Collate this application together with all plans and necessary documentation outlined in this application, and submit the application package to Island County Planning. Submit the original and 3 copies of the collated application packages. The County may request additional application packages if additional reviewing agencies are required.

For your convenience, Island County has included a standard recording form as Part B of this application. This form constitutes a **legal document**; therefore, **neatness, accuracy and legibility** are very important. **Note:** The first page requests information to meet the recording requirements of an abbreviated legal description. Also, the first page of all recorded documents must have a 3" top margin and a 1" side margin; additional pages must have a 1" margin on all sides. Font size must be at least 8 point.

Contact Person Name _____

Phone (____) _____

(The agent or consultant for the application who will be the only party that will receive correspondence, and inquiries.)

Street _____

E-Mail Address _____

City, State, Zip _____

Signature _____

Project Address (or closest intersection) _____

Assessor Parcel Number(s): _____

Section _____ Township _____ Range _____ 1/4 Section _____

Plat Name _____ Zone District _____

North Whidbey Central Whidbey South Whidbey Camano Island

Boundary Line Adjustment Application Information

1. Questions

- a) Are the lots involved in the adjustment contiguous (touching)? Yes _____ No _____
- b) Are the lots legally created lots? Yes _____ No _____ Provide the date the parcels were created as legal lot(s): _____
- c) Are the lots within the same Zoning District? Yes _____ No _____
Will this action create a split-zoned parcel? Yes _____ No _____
- d) Size of Adjusted Lots (in square feet or acres):
Parcel A _____ Parcel B _____ Parcel C _____
Parcel D _____ Parcel E _____ Parcel F _____
- e) Would the adjusted lots meet minimum lot size and width requirements for the zone it is located within?
Yes _____ No _____ **If No**, to continue with this application, one or more of the existing lots must be smaller than the current zone district requires. Explain how the adjustment would create greater conformity on balance. _____
- f) Would structures on the adjusted lots continue to comply with setback standards?
Yes _____ No _____ **If No**, explain how the adjustment would create a setback(s) that more nearly conforms to the standards. _____
- g) Have you shown how each modified lot will have a **legal means of access**? Yes _____ No _____
If Yes, provide the documentation of legal means of access; include the Auditor File Number(s) for any recorded easements and Access Permit numbers for driveways. **Note:** If the access crosses a private lot, the documentation consists of a recorded easement _____

RETURN ORIGINAL DOCUMENT TO:

Name [Print] _____
Street _____
City, ST, zip _____

**BOUNDARY LINE ADJUSTMENT
PART B (To be recorded)**

Authorized Agent (print name) _____

<p>Parcel A</p> <p>Owner's Name _____</p> <p>Owner's Name _____</p> <p>Mailing Address _____</p> <p>City, State, Zip Code _____</p> <p>Phone _____</p>	<p>Assessor Parcel No. _____</p> <p>If applicable, Plat Name or Short Plat Number: _____</p> <p>Block No. _____ Lot No. _____ Recorded Auditor's File No. _____</p> <p>Owner's Signature _____</p> <p>Owner's Signature _____</p>
<p>Parcel B</p> <p>Owner's Name _____</p> <p>Owner's Name _____</p> <p>Mailing Address _____</p> <p>City, State, Zip Code _____</p> <p>Phone _____</p>	<p>Assessor Parcel No. _____</p> <p>If applicable, Plat Name or Short Plat Number: _____</p> <p>Block No. _____ Lot No. _____ Recorded Auditor's File No. _____</p> <p>Owner's Signature _____</p> <p>Owner's Signature _____</p>
<p>Parcel C</p> <p>Owner's Name _____</p> <p>Owner's Name _____</p> <p>Mailing Address _____</p> <p>City, State, Zip Code _____</p> <p>Phone _____</p>	<p>Assessor Parcel No. _____</p> <p>If applicable, Plat Name or Short Plat Number: _____</p> <p>Block No. _____ Lot No. _____ Recorded Auditor's File No. _____</p> <p>Owner's Signature _____</p> <p>Owner's Signature _____</p>

LOCATED IN: _____ 1/4 of the _____ 1/4 of Section _____, Township _____, Range _____
Abbreviated Legal Description _____

Boundary Line Adjustment Form (November, 2008)

FOR COUNTY USE ONLY Legal Descriptions of existing parcels found on Page(s) _____ attached
BLA# _____ Page _____ of _____ Approved: _____ By: _____

<p>Parcel D</p> <p>Owner's Name _____</p> <p>Owner's Name _____</p> <p>Mailing Address _____</p> <p>City, State, Zip Code _____</p> <p>_____ Phone _____</p>	<p>Assessor Parcel No. _____</p> <p>If applicable, Plat Name or Short Plat Number: _____</p> <p>Block No. _____ Lot No. _____ Recorded Auditor's File No. _____</p> <p>Owner's Signature _____</p> <p>Owner's Signature _____</p>
<p>Parcel E</p> <p>Owner's Name _____</p> <p>Owner's Name _____</p> <p>Mailing Address _____</p> <p>City, State, Zip Code _____</p> <p>_____ Phone _____</p>	<p>Assessor Parcel No. _____</p> <p>If applicable, Plat Name or Short Plat Number: _____</p> <p>Block No. _____ Lot No. _____ Recorded Auditor's File No. _____</p> <p>Owner's Signature _____</p> <p>Owner's Signature _____</p>
<p>Parcel F</p> <p>Owner's Name _____</p> <p>Owner's Name _____</p> <p>Mailing Address _____</p> <p>City, State, Zip Code _____</p> <p>_____ Phone _____</p>	<p>Assessor Parcel No. _____</p> <p>If applicable, Plat Name or Short Plat Number: _____</p> <p>Block No. _____ Lot No. _____ Recorded Auditor's File No. _____</p> <p>Owner's Signature _____</p> <p>Owner's Signature _____</p>

FOR COUNTY USE ONLY Legal Descriptions of existing parcels found on Page(s) _____ attached
 BLA# _____ of _____ Approved: _____ By: _____

ACKNOWLEDGEMENTS

WAIVER OF CRITICAL AREAS REVIEW BY COUNTY

(IF evidence of critical areas is not provided, this part must be signed by all property owners)
 I/We hereby certify that I/we have elected to waive critical areas review by the County and acknowledge any future alteration to a critical area or buffer, pursuant to Chapter 17.02A, Island County Code, shall not be permitted unless the extent of the proposed alteration is less than any alteration that would be have been necessary prior to approval of this Boundary Line Adjustment. This condition is binding on future owners.

Parcel _____ (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____ (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____ (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____ (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____ (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____ (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date

WAIVER OF VERIFICATION OF ACCESS BY COUNTY

(IF evidence of legal access is not provided, this part must be signed by all property owners)

I/We hereby certify that I/we have waived the verification of legal means of access by the County and acknowledge it may not have been provided for at this time.

Parcel _____ (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____ (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____ (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____ (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____ (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____ (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date

FUTURE COMPLIANCE WITH COUNTY CODE

(This part must be signed by all property owners)

I/We acknowledge that Island County does not determine that the reconfigured lots are useable or buildable during the review of this Boundary Line Adjustment, and that compliance with all applicable County Codes, including those contained in Titles 8 (Health, Welfare and Sanitation), 11 (Land Development Standards), 13 (Public Works), and 17 (Island County Critical Areas and Zoning Ordinance) will be required before any development of the modified lots is permitted or before any permits are issued by Island County.

Parcel _____ (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____ (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____ (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____ (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____ (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____ (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date

FOR COUNTY USE ONLY

BLA# _____ Page _____ of _____ Approved: _____ By: _____

MAP (Maps drawn in pencil will not be accepted.)

Before development will be permitted, compliance with all applicable County Codes shall be required. This includes but is not limited to health, land development standards, critical areas, zoning regulations.

Scale: 1" = _____ feet (standard engineering scale)

----- Existing Boundary Line

----- Proposed Boundary Line

Drawn by: _____ Date: _____

Section _____ Township _____ Range _____

Parcel A:	Current Area: _____ (sq.ft.)	Proposed Area: _____ (sq.ft.)
Parcel B:	Current Area: _____ (sq.ft.)	Proposed Area: _____ (sq.ft.)
Parcel C:	Current Area: _____ (sq.ft.)	Proposed Area: _____ (sq.ft.)
Parcel D:	Current Area: _____ (sq.ft.)	Proposed Area: _____ (sq.ft.)
Parcel E:	Current Area: _____ (sq.ft.)	Proposed Area: _____ (sq.ft.)
Parcel F:	Current Area: _____ (sq.ft.)	Proposed Area: _____ (sq.ft.)

Parcel No.

Applicants' Signature: (blue ink)

Parcel A:	_____	Date: _____	Parcel A:	_____	Date: _____
Parcel B:	_____	Date: _____	Parcel B:	_____	Date: _____
Parcel C:	_____	Date: _____	Parcel C:	_____	Date: _____
Parcel D:	_____	Date: _____	Parcel D:	_____	Date: _____
Parcel E:	_____	Date: _____	Parcel E:	_____	Date: _____
Parcel F:	_____	Date: _____	Parcel F:	_____	Date: _____

FOR COUNTY USE ONLY _____ Legal means of access has been waived by the Applicant(s).
See Page _____ of this BLA. _____ Critical Areas Review By County has been waived by the Applicant(s).

BLA# _____ **Page** _____ **of** _____ **Approved:** _____ **By:** _____

LEGAL DESCRIPTION of EXISTING PARCELS

Attach additional pages as needed and note on first page of application (Needed for Recording purposes)

NOTE: All additional pages must have a one (1) inch margin on all sides for recording purposes

FOR COUNTY USE ONLY

BLA# _____

Page _____ of _____

Approved: _____

By: _____

Boundary Line Adjustment Form (November, 2008)

LEGAL DESCRIPTION of PROPOSED PARCELS

Attach additional pages as needed

(This area is intentionally left blank for the legal description of proposed parcels.)

NOTE: All additional pages must have a one (1) inch margin on all sides for recording purposes

FOR COUNTY USE ONLY

BLA# _____

Page _____ of _____

Approved: _____

By: _____