



**CITY OF CARNATION**

4621 Tolt Avenue • P. O. Box 1238 • Carnation, WA 98014-1238  
 (425) 333-4192 phone • (425) 333-4336 fax • [www.carnationwa.gov](http://www.carnationwa.gov)

**APPLICATION REQUIREMENTS FOR BOUNDARY LINE ADJUSTMENT (BLA)**

*Boundary Line Adjustments (also known as Lot Line Adjustments) review and approval in the City of Carnation is governed by Carnation Municipal Code (CMC), Section(s) 15.18. Part II. Copies of the CMC Section are available on the City's website: [www.carnationwa.gov](http://www.carnationwa.gov)*

**APPLICANT(S):** Please complete the following with as much detail as possible.

General Information	
Lot A Property Owner Name:	Assessor's PIN:
Lot A Owner Mailing Address:	
Lot A Owner Phone:	Lot A Owner Email:
Lot B Property Owner Name:	Assessor's PIN:
Lot B Owner Mailing Address:	
Lot B Owner Phone:	Lot B Owner Email:
Lot C Property Owner Name:	Assessor's PIN:
Lot C Owner Mailing Address:	
Lot C Owner Phone:	Lot C Owner Email:
* <i>CMC 15.16.600(B) stipulates "Owners of all parcels involved in the adjustment must sign the application."</i>	

**Application Requirements for a Lot Line Adjustment:**

SUBMIT	REC'D	
		Application Form (3 copies)
		Existing legal descriptions for all parcels involved and the proposed legal descriptions for all parcels involved upon completion of the lot line adjustment. (3 copies)
		Three copies of a scale drawing prepared by a Registered Land Surveyor of the properties involved showing the following: <ol style="list-style-type: none"> <li>1. The existing dimensions of all properties and proposed new dimensions following lot line adjustment;</li> <li>2. Identify adjacent streets, drainage channels and water and sewer lines</li> <li>3. Dimensioned existing and proposed easements, if any;</li> <li>4. Existing structures, distance to property lines, and proposed property lines;</li> <li>5. North arrow;</li> <li>6. Identify parcels as Lot A, Lot B, etc.;</li> <li>7. Show symbol for all property corners set per this boundary survey;</li> <li>8. Other information identified by the City.</li> </ol>
		A copy of a current title report for all properties involved.
		Applicable Fees per Fee Resolution.



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	Per CMC 5.32.050, the City will bill the applicant for costs to the city over and above the deposit.
	Proof that all past-due property taxes and/or other assessments are paid.
	Lot closure calculations
	Per RCW58.09.120, any monument set by a land surveyor to mark or reference a point on a property or land line shall be permanently marked or tagged with the certificate number of the land surveyor setting it.
	Other

**Affidavit for Lot A:**

I, the undersigned, hereby declare that the above information is true and complete to the best of my knowledge. It is understood that the City of Carnation may nullify any decision made in reliance upon information given on this application form should there be any willful omission of significant information or any misrepresentation or lack of full disclosure on my part.

Applicant's Signature: \_\_\_\_\_  
*(to be signed in the presence of a Notary Public)*

Date: \_\_\_\_\_

**Affidavit for Lot B:**

I, the undersigned, hereby declare that the above information is true and complete to the best of my knowledge. It is understood that the City of Carnation may nullify any decision made in reliance upon information given on this application form should there be any willful omission of significant information or any misrepresentation or lack of full disclosure on my part.

Applicant's Signature: \_\_\_\_\_  
*(to be signed in the presence of a Notary Public)*

Date: \_\_\_\_\_

**Affidavit for Lot C:**

I, the undersigned, hereby declare that the above information is true and complete to the best of my knowledge. It is understood that the City of Carnation may nullify any decision made in reliance upon information given on this application form should there be any willful omission of significant information or any misrepresentation or lack of full disclosure on my part.

Applicant's Signature: \_\_\_\_\_  
*(to be signed in the presence of a Notary Public)*

Date: \_\_\_\_\_



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**APPLICATION REQUIREMENTS FOR BOUNDARY LINE ADJUSTMENT (BLA)**

*Certificate for an Acknowledgment in an Individual Capacity*

STATE OF WASHINGTON                    )  
  )        ss  
COUNTY OF \_\_\_\_\_                    )

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated \_\_\_\_\_

X \_\_\_\_\_  
Notary Public in and for the State of Washington  
\_\_\_\_\_  
Printed Name

Residing at: \_\_\_\_\_

My appointment expires: \_\_\_\_\_

*Certificate for an Acknowledgment in an Individual Capacity*

STATE OF WASHINGTON                    )  
  )        ss  
COUNTY OF \_\_\_\_\_                    )

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated \_\_\_\_\_

X \_\_\_\_\_  
Notary Public in and for the State of Washington  
\_\_\_\_\_  
Printed Name

Residing at: \_\_\_\_\_

My appointment expires: \_\_\_\_\_

