

# **BOUNDARY LINE ADJUSTMENT APPLICATION**

## **TOWN OF LYMAN**

### **APPLICATION SUBMITTAL CHECKLIST —OFFICE USE ONLY**

- \_\_\_ 1. ASSESSOR’S SECTION MAP (Showing lot dimensions as seen before and after)
- \_\_\_ 2. DEED, CONTRACT OR AGREEMENT
- \_\_\_ 3. FEES PAID

Application submittal reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

#### **GENERAL**

The Revised Code of Washington (RCW) Section 58.17.040 (6) allows for adjusting boundary lines between contiguous properties provided that:

- 1. No additional parcels, sites, tracts or lots are created; and
- 2. No parcels are established which contain insufficient area and dimensions to meet minimum requirements for width and area as required by zoning or other regulations.

**FEES** - \$250.00 Fee required at time of application.

#### **PROCEDURES**

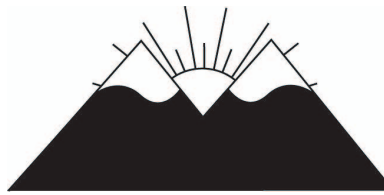
- 1. All boundary Line Adjustments submitted for approval shall be accompanied by An Assessor’s Section Map showing both the purchaser and seller’s property marked to indicate the location and dimensions of the proposed adjustment as seen before and after the adjustment.
- 2. The following language must be included in the deed, contract or agreement:  
*“The above described property will be combined or aggregated with contiguous property owned by the purchaser. This boundary adjustment is not for the purpose of creating an additional building lot.”*  
The document is reviewed by the Planning Director or designee and a stamp is affixed to the document indicating approval. Deed, contract or agreement shall conform to State of Washington Auditor’s standards for recording documents, (3” top margin, and 1” left, right and bottom margins).
- 3. Applicant takes stamped Boundary Line Adjustment to Skagit County Treasurer for excise tax approval, and then records completed Boundary Line Adjustment with the Skagit County Auditor.

**WHEN YOU HAVE ATTACHED ALL REQUIRED INFORMATION ALONG WITH FEE OF \$250.00**

**SUBMIT IT TO:**

**TOWN OF LYMAN 8405 S MAIN ST P O BOX 1248, LYMAN, WA 98263  
PHONE 360-826-3033 FAX 360-826-6473**

**TOWN OF LYMAN PO**  
**Box 1248**  
**Lyman, WA. 98263**  
*info@townoflyman.com*



Ph (360) 826-3033 Fax  
 (360) 826-6473  
 www.townoflyman.com

**LAND USE PERMIT COMPONENTS**

**APPLIED FOR:**

- |   |   |
|---|---|
| <input type="checkbox"/> Lot Boundary Adjustment                  | <input type="checkbox"/> Zoning Variance including signs                  |
| <input type="checkbox"/> Binding Site Plan                        | <input type="checkbox"/> Flood Plain Variance and Appeals                 |
| <input type="checkbox"/> Short Subdivision                        | <input type="checkbox"/> Noise Standards Variance                         |
| <input type="checkbox"/> Establish or Change Use                  | <input type="checkbox"/> Full Subdivision (preliminary plot)              |
| <input type="checkbox"/> Plan Review                              | <input type="checkbox"/> Zoning Map Amendment (Rezone & Contract Rezones) |
| <input type="checkbox"/> Temporary Uses for more than two weeks   | <input type="checkbox"/> Conditional Use Permit                           |
| <input type="checkbox"/> Shoreline Substantial Development Permit | <input type="checkbox"/> Temporary Uses for up to two weeks               |
| <input type="checkbox"/> Comprehensive Plan Amendment             | <input type="checkbox"/> Environmental Review                             |
|   | <input type="checkbox"/> Addendum to SEPA                                 |

Date of application \_\_\_\_\_

Brief project description: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Other Related Permits or Approvals: \_\_\_\_\_

Parcel ID#: \_\_\_\_\_ Assessor Tax #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parcel ID#: \_\_\_\_\_ Assessor Tax #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parcel ID#: \_\_\_\_\_ Assessor Tax #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Zoning Designation: \_\_\_\_\_

Site Address: \_\_\_\_\_

Lot of Record:  Yes  No Urban Growth Area:  Yes  No If yes, City \_\_\_\_\_

Comp Plan/Zoning within 200 feet: \_\_\_\_\_

Mineral Resource Overlay within ¼ mile:  Yes  No

Critical Area/Water within 200 feet:  Yes  No

Pre-application meeting required?  Yes  No Meeting verification form enclosed?  Yes  No

Acreage / Lot Dimensions: \_\_\_\_\_

Flood Zone: \_\_\_\_\_ FIRM Map Panel #: \_\_\_\_\_ Map Date: \_\_\_\_\_

Road access:  Private  County – Permit #: \_\_\_\_\_ State – Permit #: \_\_\_\_\_

Water Source:  Drilled well - Permit #: \_\_\_\_\_  Community Well  Public

Sewage Disposal:  Septic – Permit #: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach additional sheet if necessary)

**Town of Lyman**  
**Building & Planning Permits Department**  
**Ph 360-826-3033**  
**fax 360-826-6473**



P# \_\_\_\_\_  
P# \_\_\_\_\_  
P# \_\_\_\_\_  
P# \_\_\_\_\_  
P# \_\_\_\_\_

Date of application \_\_\_\_\_

**Applicant**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

email address \_\_\_\_\_

Signature \_\_\_\_\_

**Property Owner**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

email address \_\_\_\_\_

**Property Owner**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

email address \_\_\_\_\_

**Contact**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

email address \_\_\_\_\_

**Map set of properties prior to Council Meeting**

Please submit 7 copies of the site plan depicting the parcels prior to the Boundary line adjustment that includes the following. Parcel before BLA and after BLA

Parcel before BLA and after BLA

- Indicate Assessor's Tax Account #and Property ID #s (P#) for parcels involved. Assessor tax account information can be found on your tax bill or by calling the Assessors at 360-336-9370.
- Indicate map scale. Use any appropriate scale and note it on your site plan. Example Scale: 1/4" =1'
- Show and arrow indicating the North direction.
- Indicate property lines and site dimensions to scale based on current property lines.
- Depict names of adjacent roads.
- Show all easements (utility i.e. water, septic, drainage, dike (show toe of dike-and distance t project) access, railroad, etc.
- Show location, dimensions and setbacks from property lines of all existing and proposed buildings or structures. Identify each building by use (house, barn, garage, etc) Indicate roof overhang lines and any decks, porches, or retaining walls.
- Indicate the drinking water supply (existing and/or proposed, public or individual.) Show all private wells.
- Indicate method of sewage system(s). Include drain field replacement area(s).
- Identify any erosion or landslide areas as well as any potential unstable slopes greater than 15%.
- Show the location of all surface water within 200 feet of the property lines, including streams, lakes, ponds, swamps, wetlands, marine water and drainage ditches. For shoreline properties,show the ordinary high water mark (OHWM) and setbacks from OHWM to all structures, including neighbor's within 300 feet from both sides of property lines.

**Map sets showing BLA**

Please submit 7 copies of the site plan depicting the parcels after the boundary line adjustment. For recording purposes the map shall be no larger than 8 1/2 "X 14" unless the map is a formal Record of Survey. Please depict the following on the after map:

- Provide a copy of the BLS legal description of both parcels on the site plan map.
- Provide a map certificate that reads as follows:

**Boundary Line Adjustment**

Reviewed and Approved by Lyman Town Council

in accordance with (LZC) Chapter 10.68

Land Use Permitting Process

Dated \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Mayor, Town of Lyman

\_\_\_\_\_  
Clerk