



# Boundary Line Adjustment Application

PA-08

APPLICATION

**Community Development Department**  
 501 N. Anderson, Ellensburg, WA 98926 (509) 962-7239 (Building) (509) 962-7231 (Planning) commdev@ci.ellensburg.wa.us

“Boundary Line Adjustment “means a division of land made for the purpose of alteration by adjusting boundary lines, between platted or unplatted lots or both, which does not create any additional lot, tract, parcel, site, or division nor create any lot, tract, parcel, site, or division which contains insufficient area and dimension to meet minimum requirement for width and area for a building site. A boundary line adjustment may also include an extinguishment of an existing lot line resulting in the merger of two or more lots into a single lot of record. See ECC 15.260.050 for application provisions. Adjustments of property boundary lines are subject to the Type I review process as set forth in 15.210 ECC. Applications shall be reviewed by the director and certified as meeting the requirements of this section within 30 days after receiving a complete application.

The Planning Division will be unable to accept your Boundary Line Adjustment Application Form if you fail to provide ALL of the following required material.

<b>OFFICIAL USE ONLY:</b>	
<b>Staff Person:</b>	
<b>Date Submitted:</b>	
<b>Fee Total:</b>	
<b>BLA FILE #:</b>	
<b>Associated Permit File #:</b>	

**APPLICANT :**

Name:	Day Phone:	
Mailing Address:		
E-mail:	Cell Phone:	

**CONTACT PERSON:**     Owner     Surveyor     Other

Name:	Day Phone:	
Mailing Address:		
E-mail:	Cell Phone:	

**Property Owner #1:**

Name:	Day Phone:	
Mailing Address:		
Description Property:		

**Property Owner #2:**

Name:	Day Phone:	
Mailing Address:		
Description Property:		

**TAX PARCEL NUMBER(S):**

Parcel Number(s):	
-------------------	--

**BOUNDARY LINE ADJUSTMENT APPLICATION CONTENTS: The following shall be required of a boundary line adjustment :**

1.	Kittitas County Assessor's form " Request for Parcel Segregation" submitted with the signature of all property owners of the land involved in the boundary line adjustment; Parcel Segregation Form: <input type="checkbox"/> Attached <input type="checkbox"/> Signed by All Property Owners
2.	Payment of the application fee: \$300 Paid when this application submitted.
3.	Three Copies of an accurate preliminary map drawn to scale: <input type="checkbox"/> Attached
4.	A current title report showing ownership and legal description of all parcels involved in the boundary line adjustment: <input type="checkbox"/> Attached
5.	The existing and proposed dimensions and area of the lots involved in the boundary line adjustment: <input type="checkbox"/> Attached
6.	Legal descriptions of the existing lot lines and the proposed lot lines after the adjustment, as prepared by a professional surveyor licensed in the state of Washington: <input type="checkbox"/> Attached

**BOUNDARY LINE ADJUSTMENT DECISION CRITERIA : The director shall approve an application for a boundary line adjustment if it is determined that: :**

1.	No additional lot, tract, parcel, site or division will be created by the proposed adjustment;
2.	No lot is modified which contains insufficient area and dimensions to meet the minimum requirement of the zone in which the affected lots are situated. Where a lot is located within a zone that does not provide for a minimum area or dimension, no lot or tract is modified which contains insufficient area for a building site;
3.	No lot is modified which does not have adequate drainage, water supply and sanitary sewage disposal, and access for vehicles, utilities and fire protection, and no existing easement or tract in favor of the public is rendered impractical to serve its purpose;
4.	The boundary line adjustment is consistent with the applicable requirement or condition of a previous land use action, subdivision, or short subdivision;
5.	No lot is modified which is inconsistent with an applicable requirement or condition of previous land use action, subdivision, or short subdivision;
6.	No lot, use, or structure is made nonconforming or more nonconforming than that which existed at the time of application; and
7.	No lot is modified in a manner that circumvents a zoning regulation which would otherwise be applicable to any lot affected by the boundary line adjustment

**SIGNATURE OF LEGAL OWNER or REPRESENTATIVE AS AUTHORIZED BY THE LEGAL OWNER:**

I, \_\_\_\_\_, (print name) affirm that the above responses are made truthfully and to the best of my knowledge. I hereby apply for this permit application and acknowledge that I have read this application and state that the information is correct and that I agree to comply with all city ordinances pertaining to this permit if granted.

I further affirm that I am the owner of record of the area proposed for the above-identified land use action or, if not the owner, attached herewithin is written permission from the owner(s) authorizing my actions on his/her/their behalf.

<b>Signature of Legal Owner:</b> (or Authorized Agent)		<b>Date:</b>	
---	--	--------------	--

**KITTITAS COUNTY ASSESSOR'S OFFICE**

KITTITAS COUNTY COURTHOUSE , ROOM 101  
205 WEST FIFTH STREET  
ELLENSBURG, WA 98926

**REQUEST FOR PARCEL SEGREGATION**

Applicant Name

Address

City

State, Zip Code

Phone (Home)

(Work)

**Original Parcel Numbers and  
Approximate Acreage/Square Footage**

**Action Requested**

**New Approximate  
Acreage/Square Footage**

Survey Vol. \_\_\_\_\_ Pg. \_\_\_\_\_

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

- Segregated into \_\_\_\_\_ (Separately saleable)
- Segregated for Mortgage Purposes
- Boundary adjustment between property owners
- Boundary adjustment between properties in the same ownership
- Combine Parcels at Owner's request
- Merge lots for building purposes

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

Applicant is:     Owner\*                       Purchaser                       Lessee                       Other\*\*

\_\_\_\_\_  
\*Owner's Signature (Required)

\_\_\_\_\_  
\*\*Other

**KITTITAS COUNTY TREASURER'S OFFICE REVIEW**

Taxes must be current (paid in full for the year) prior to segregation review by the Department of Community Development

Tax Status: \_\_\_\_\_  
                  Year

By: \_\_\_\_\_  
          Kittitas County Treasurer's Office

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

**CITY of ELLENSBURG DEPT. OF COMMUNITY DEVELOPMENT REVIEW**

\*\*Survey Required:    Yes \_\_\_\_\_ No \_\_\_\_\_

Approved:            Date: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
City of Ellensburg  
Name of Inc. City