



Boundary Line Adjustment/Parcel Combination Application

Community Development Department
3801 W Van Giesen St, West Richland, WA 99353
509-967-5902 Fax 509-967-2419 **Inspection Line 967-3518**

Lot/Boundary Line Adjustment Parcel Combination

Note: Any person desiring to combine or segregate parcels for tax purposes must first obtain a letter of approval from the Community Development Department.

OWNER INFORMATION (Parcel A)		<input type="checkbox"/> Contact Person
Owner:		
Address:		
Phone:	Email:	

PROPERTY INFORMATION (Parcel A)
Parcel #:
Legal Description:

OWNER INFORMATION (Parcel B)		<input type="checkbox"/> Contact Person
Owner:		
Address:		
Phone:	Email:	

PROPERTY INFORMATION (Parcel B)
Parcel #:
Legal Description:

APPLICANT INFORMATION (if different)		<input type="checkbox"/> Contact Person
Contact:		
Address:		
Phone:	Email:	

PROJECT DESCRIPTION

WATER/SEWER/IRRIGATION			
Water Supply:	<input type="checkbox"/> Well <input type="checkbox"/> City	<input type="checkbox"/> Sewer	<input type="checkbox"/> Septic Tank*
Irrigation Water Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	*Requires submittal of Benton-Franklin Health District verification that all health district regulations have been met.	
Private Irrigation Line?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

APPLICATION MUST INCLUDE
Refer to WRMC Section 16.10.030

I authorize employees and officials of the City of West Richland the right to enter and remain on the property in question to determine whether a permit should be issued and whether special conditions should be placed on any issued permit. I have the legal authority to grant such access to the property in question.

I also acknowledge that if a permit is issued for land development activities, no terms of the permit can be violated without further approval by the permitting entity. I understand that the granting of a permit does not authorize anyone to violate in any way any federal, state, or local law/regulation pertaining to development activities associated with a permit.

I hereby certify under penalty of perjury under the laws of the State of Washington that the following is true and correct:

1. I have read and examined this permit application and have documented all applicable requirements on the site plan.
2. The information provided in this application contains no misstatement of fact.
3. I am the owner(s), the authorized agent(s) of the owner(s) of the above referenced property, or I am currently a licensed contractor or specialty contractor under Chapter 18.27 RCW or I am exempt from the requirements of the Chapter 18.27 RCW.
4. I understand this permit is subject to all other local, state, and federal regulations.

Note: This application will not be processed unless the above certification is endorsed by an authorized agent of the owner(s) of the property in question and/or the owner(s) themselves. If the City of West Richland has reason to believe that erroneous information has been supplied by an authorized agent of the owner(s) of the property in question and/or by the owner(s) themselves, processing of the application may be suspended.

Applicant Printed Name: _____

Applicant Signature: _____ Date _____



**Boundary Line Adjustment/Parcel
Combination Application
Authorization Page**

PROPERTY OWNER'S AUTHORIZATION (use additional sheets if needed)

Parcel A

I, _____ (print name), being duly sworn, attest that I am a property owner owning property referenced on the accompanying application, and that I authorized the submittal of a boundary line adjustment on the subject property to West Richland Department of Community Development for review.

Signature _____

Date _____

Parcel B

I, _____ (print name), being duly sworn, attest that I am a property owner owning property referenced on the accompanying application, and that I authorized the submittal of a boundary line adjustment on the subject property to West Richland Department of Community Development for review.

Signature _____

Date _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____
DAY OF _____, 20_____

Notary Seal

Notary Public in and for the state of _____

Residing at _____