

BOUNDARY LINE ADJUSTMENT APPLICATION

STEVENS COUNTY LAND SERVICES—PLANNING DIVISION

Street Address: 260 S. Oak—Courthouse Annex, Colville, WA

Mailing Address: 215 S. Oak—Courthouse Annex, Colville, WA 99114

Phone: 509-684-2401

Fax: 509-684-7525

www.co.stevens.wa.us/LandServices/index.php

FOR OFFICE USE ONLY

File Number: _____

Receipt: _____

Date Received: _____

(Type #1 Application)

Application checklist:

- Application fee:** \$100.00 payable to Stevens County Land Services.
- Completed application** form.
- Title Report or Plat Certificate**, issued within the previous thirty days.
- A Site Plan**, showing the following;
 - Size and dimensions of property to be transferred
 - Size and dimensions of Ownership A
 - Size and dimensions of Ownership B
 - Existing and proposed structures
 - Existing and proposed sewage systems
 - Existing and proposed roads, easements & utilities
 - Existing wells and water lines
 - Surface water, such as lakes, ponds, wetlands, streams, etc.
 - North Arrow
- Notarized signatures for all parties having an interest in both Ownership A and Ownership B.** These, include, but are not limited to, all fee owners (contract owners *and* deed holders), lien holders or authorized agents having authority to sign. This *does not* include mineral right owners or easement owners.

APPLICANT SIGNATURES

This application is subject to all additions to and changes in the laws, regulations and ordinances applicable to the proposed subdivision until a Determination of Completeness is issued pursuant to SCC 3.30.110.

I certify that the information contained on this application is true, complete and accurate to the best of my knowledge. I understand that information will be used by Stevens County for determining whether this proposal meets the Decision Criteria. I hereby grant to Stevens County, the right to enter the above-described location to inspect the proposed work.

Signature of: (Circle one) Property Owner Primary Contact/Agent*

***NOTE:** As per SCC 3.30.100, Property owner is required to sign the application if the Agent does not have written proof of authorization.

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CONTACT INFORMATION

Please designate who the Primary Contact is:

_____ **Property Owner A:** _____
Mailing Address: _____
City, State, Zip: _____
Day Time Phone: _____ **Email Address:** _____

_____ **Property Owner B:** _____
Mailing Address: _____
City, State, Zip: _____
Day Time Phone: _____ **Email Address:** _____

_____ **Closing Agent:** _____
Mailing Address: _____
City, State, Zip: _____
Day Time Phone: _____ **Email Address:** _____

_____ **Surveyor:** _____
Mailing Address: _____
City, State, Zip: _____
Day Time Phone: _____ **Email Address:** _____

PROJECT DESCRIPTION

LEGAL DESCRIPTION of property to be **transferred** from Ownership A to Ownership B:

Sec. _____ Twp. _____ Rge. _____

ACREAGE of property to be transferred: _____

OWNERSHIP A:

This is the property that the above parcel will be **taken from**.

LEGAL DESCRIPTION:

Sec. _____, Twp. _____, Rge. _____

TAX PARCEL NUMBER: _____

ACREAGE: _____

PROPERTY OWNER(S): _____

OWNERSHIP B:

This is the property that the above parcel will be **added to**.

LEGAL DESCRIPTION:

Sec. _____, Twp. _____, Rge. _____

TAX PARCEL NUMBER: _____

ACREAGE: _____

PROPERTY OWNER(S): _____

