



**ISLAND COUNTY
PLANNING & COMMUNITY DEVELOPMENT**

PHONE: (360) 679-7339 ■ from Camano (360) 629-4522 ■ from S. Whidbey (360) 321-5111 ■ FAX: (360) 679-7306 ■ P. O. Box 5000, Coupeville, WA 98239-5000
121 N East Camano Drive, Camano Island, WA 98282 ■ Phone (360) 387-3443
www.islandcounty.net/planning

**BOUNDARY LINE ADJUSTMENT (BLA)
APPLICATION**

Applicability. This application is used to adjust the location of boundary lines between contiguous, tracts, parcels, platted or unplatted lots or both. The BLA process applies if:

- No additional lots will be created. (After the adjustment, the same number of lots will exist.)
- Resulting lots are within one zone district, not split-zoned.
- Resulting lots contain sufficient area and dimensions to meet the minimum requirements for width and area for a building site.

Please use the checklists below and throughout this form to ensure you provide all the information required for Island County to review your proposal. The items listed in the following Counter Checklist are the minimum requirements that must be provided and complete at the time you submit your application to the county, or the application will not be accepted. The application must be **submitted in person** to the Planning Department.

COUNTER CHECKLIST

Applicant Use	Application Requirements	County Use
_____	1. Completed Application Form (Parts A and B)	
_____	2. Completed Applicant Authorization Form, if applicable	
_____	3. Signatures of all owners	
_____	4. A legible BLA map showing required elements	
_____	5. Existing Legal Descriptions (per Recording requirements)	
_____	6. Proposed Legal Description of each revised lot or parcel.	
_____	7. Signed Acknowledgment regarding county codes and access.	
_____	8. Original and three (3) copies, each set collated	

SUBMITTAL OF AN APPLICATION BY APPOINTMENT ONLY:

Whidbey To schedule a submittal appointment, call 360-678-7800.

Camano To schedule a submittal appointment, call 360-387-3443 ext. 251.

- Must pay with check or cash; credit cards are not accepted.
- Anticipate the submittal process taking 30 to 60 minutes.

BOUNDARY LINE ADJUSTMENT (BLA)

PART A

FOR COUNTY USE ONLY			
Application Number	Date Received	Fee Paid	Receipt

Type or neatly print all application information and provide the **signatures in blue ink**. **Please take your time to provide complete answers and all the information requested.** If you believe any portion is not applicable, explain why in the blank. Illegible and/or incomplete applications will not be accepted.

Collate this application together with all plans and necessary documentation outlined in this application, and submit the application package to Island County Planning. Submit the **original and 3 copies** of the collated application packages. The county may request additional application packages if additional reviewing agencies are required.

For your convenience, Island County has included a standard recording form as Part B of this application. This form constitutes a **legal document**; therefore, **neatness, accuracy and legibility** are very important. **Note:** The first page requests information to meet the recording requirements of an abbreviated legal description. Also, the first page of all recorded documents must have a 3" top margin and a 1" side margin; additional pages must have a 1" margin on all sides. Font size must be at least 8 point.

Contact Person Name _____ **Phone** (____) _____
 (The agent or consultant for the application who will be the only party that receives correspondence.)

Street _____ **E-Mail Address** _____

City, State, Zip _____

Signature _____

Project Address (or closest intersection) _____

Assessor Parcel Number(s): _____

Section _____ **Township** _____ **Range** _____ **1/4 Section** _____

Plat Name _____ **Zone District** _____

North Whidbey **Central Whidbey** **South Whidbey** **Camano Island**

Boundary Line Adjustment Application Information

1. Questions

- a) Are the lots involved in the adjustment contiguous (touching)? Yes ____ No ____
- b) Are the lots legally created lots? Yes ____ No ____ Provide the date the parcels were created as legal lot(s): _____
- c) Are the lots within the same Zoning District? Yes ____ No ____
 Will this action create a split-zoned parcel? Yes ____ No ____
- d) Size of Adjusted Lots (in square feet or acres):
 Parcel A _____ Parcel B _____ Parcel C _____ Parcel D _____
 Parcel E _____ Parcel F _____ Parcel G _____
- e) Would the adjusted lots meet minimum lot size and width requirements for the zone within which it is located? Yes ____ No ____ **If No**, to continue with this application, one or more of the existing lots must be smaller than the current zone district requires. Explain how the adjustment would create greater conformity on balance. _____

- f) Would structures on the adjusted lots continue to comply with setback standards?
 Yes ____ No ____ **If No**, explain how the adjustment would create a setback(s) that more nearly conforms to the standards. _____

- g) Have you shown how each modified lot will have **a legal means of access**?
 Yes ____ No ____ **If Yes**, provide the documentation of legal means of access; include the Auditor File Number(s) for any recorded easements and Access Permit numbers for driveways.
 Note: If the access crosses a private lot, the documentation consists of a recorded easement.

If No, then a statement waiving the verification of legal access by the county must be signed by all owners and attached to and recorded with the adjustment application.

2. **Checklist.** The following is a checklist to assure that all the items identified in the Island County Code (ICC) have been provided. It is the applicant's responsibility to review ICC 16.06.070 and other applicable sections of the code. In the Applicant's Checklist below, check items included with the application or circle N/A in those that are not applicable.

Applicant Use	Application Requirements	County Use
_____	1) Field Indicators Worksheet (from Wetland ID Guide) <ul style="list-style-type: none"> • Land Use Intensity Worksheet (If applicable) • Wetland Buffer Worksheet (If applicable) 	_____
_____	2) Original Signature of Every Owner on the form to be recorded	_____
_____	3) Completed Applicant Authorization Form, if applicable	_____
_____	4) A legible map that includes the requirements listed below. The map shall be drawn to a standard engineering scale on paper not larger than 8.5" by 14". It shall have a one (1) inch margin on all sides for recording purposes. A blank map form is attached for your use. Where location of a feature or structure is required, a site specific survey by a registered land surveyor is encouraged but not required:	_____
_____	<ul style="list-style-type: none"> • Location, dimensions, and area of all proposed and existing lots <ul style="list-style-type: none"> • Identify existing property lines with a solid black line • Identify proposed property lines with a dashed line 	_____
_____	<ul style="list-style-type: none"> • Section, Township, Range and Assessor parcel number for all lots 	_____
_____	<ul style="list-style-type: none"> • North Arrow and Scale of Drawing 	_____
_____	<ul style="list-style-type: none"> • Location, use, and dimensions of existing structures and other improvements (such as driveway and utilities). Show setbacks of structures from proposed property lines. A before and after map drawn to the same scale may be appropriate depending on complexity. 	_____
_____	<ul style="list-style-type: none"> • Location of drainfields and well sites 	_____
_____	<ul style="list-style-type: none"> • Location of adjacent streets and easements with access to adjacent lots; 	_____
_____	<ul style="list-style-type: none"> • Location and dimensions of the significant natural features (Ravines, slopes, seasonal drainage ways, soggy areas, ditches, lakes, shorelines) 	_____
_____	<ul style="list-style-type: none"> • Critical Areas. Show protected species habitats, geologically hazardous areas, floodplains, aquifer recharge areas, streams, wetlands as well as all of their associated buffers onsite or off-site when they may affect the proposal. If the proposal is in an archaeological area, a report must be submitted that identifies resources and how they will be protected. (note: if a feature is shown on the County's Critical Areas map it must be shown on the plot plan; if you do not believe that feature is present please <i>describe</i>). 	_____
_____	<ul style="list-style-type: none"> • Signature of person who prepared the map & date of preparation 	_____
_____	5) Existing legal description of each lot or parcel , (Provide a copy of the most recent recorded deed conveying title for the subject properties.)	_____
_____	6) Proposed Legal Description of each revised Lot or Parcel	_____
_____	7) If legal access is not proven and shown on the map, then a Waiver of Verification of the Access is provided and signed by all owners	_____
_____	8) Acknowledgment signed by all owners that compliance with all applicable county codes contained in ICC Titles 8, 11, 13, and 17 will be required before any development of the modified parcels will be permitted	_____

I hereby certify I am the authorized agent (contact person) named above and that I have familiarized myself with the rules, regulations, and procedures with respect to preparing and filing this application. All statements, answers and information provided as part of this submittal are in all respects complete, true, and accurate to the best of my knowledge and belief. I understand that any incomplete and/or incorrect information provided in this submittal will cause a delay in the review process.

Agent's Signature

Date.

APPLICANT AUTHORIZATION FORM

If you are authorizing an agent or contractor to apply for permit(s) on your behalf, you must complete this form providing authorization for a designated agent to apply for permit(s) on your behalf. This form is required for the protection of the landowner. An application authorizing an agent to act on the landowner's behalf that is not accompanied by a signed and notarized Applicant Authorization Form will not be accepted. All original signatures must be in ink.

I, _____, the owner(s) of the subject property, understand that by completing this form I hereby authorize _____ to act as my agent.

I understand that the agent will be authorized to submit applications on my behalf.

I do ___/do not ___ wish to receive copies of the correspondence or review comments on this application.

I also understand that once an application has been submitted that all future correspondence will be directed to the agent only.

<p>1) _____ Property Owner Name(s) (print)</p> <p>_____</p> <p style="text-align: center;">Signature(s)</p> <p>2) _____ Property Owner Name(s) (print)</p> <p>_____</p> <p style="text-align: center;">Signature(s)</p> <p>_____</p> <p style="text-align: center;">Date</p>	<p>State of Washington _____) County of _____)</p> <p>I certify that I know or have satisfactory evidence that</p> <p>_____</p> <p>_____ signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this instrument.</p> <p style="text-align: right;">Dated _____</p> <p style="text-align: right;">Signature of Notary Public _____</p> <p style="text-align: right;">Printed Name _____</p> <p style="text-align: right;">Residing at _____</p> <p style="text-align: right;">My appointment expires _____</p>
<p>1) _____ Property Owner Name(s) (print)</p> <p>_____</p> <p style="text-align: center;">Signature(s)</p> <p>2) _____ Property Owner Name(s) (print)</p> <p>_____</p> <p style="text-align: center;">Signature(s)</p> <p>_____</p> <p style="text-align: center;">Date</p>	<p>State of Washington _____) County of _____)</p> <p>I certify that I know or have satisfactory evidence that</p> <p>_____</p> <p>_____ signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this instrument.</p> <p style="text-align: right;">Dated _____</p> <p style="text-align: right;">Signature of Notary Public _____</p> <p style="text-align: right;">Printed Name _____</p> <p style="text-align: right;">Residing at _____</p> <p style="text-align: right;">My appointment expires _____</p>

RETURN ORIGINAL DOCUMENT TO:

Name [Print] _____

Street _____

City, ST, zip _____

**BOUNDARY LINE ADJUSTMENT
PART B (To be recorded)**

Authorized Agent (print name) _____

<p>Parcel A</p> <p>_____ Owner's Name</p> <p>_____ Owner's Name</p> <p>_____ Mailing Address</p> <p>_____ City, State, Zip Code</p> <p style="text-align: right;">_____ Phone</p>	<p>_____ Assessor Parcel No.</p> <p>_____ If applicable, Plat Name or Short Plat Number:</p> <p>_____ Block No. Lot No. Recorded Auditor's File No.</p> <p>_____ Owner's Signature</p> <p>_____ Owner's Signature</p>
<p>Parcel B</p> <p>_____ Owner's Name</p> <p>_____ Owner's Name</p> <p>_____ Mailing Address</p> <p>_____ City, State, Zip Code</p> <p style="text-align: right;">_____ Phone</p>	<p>_____ Assessor Parcel No.</p> <p>_____ If applicable, Plat Name or Short Plat Number:</p> <p>_____ Block No. Lot No. Recorded Auditor's File No.</p> <p>_____ Owner's Signature</p> <p>_____ Owner's Signature</p>
<p>Parcel C</p> <p>_____ Owner's Name</p> <p>_____ Owner's Name</p> <p>_____ Mailing Address</p> <p>_____ City, State, Zip Code</p> <p style="text-align: right;">_____ Phone</p>	<p>_____ Assessor Parcel No.</p> <p>_____ If applicable, Plat Name or Short Plat Number:</p> <p>_____ Block No. Lot No. Recorded Auditor's File No.</p> <p>_____ Owner's Signature</p> <p>_____ Owner's Signature</p>

LOCATED IN: ____ 1/4 of the ____ 1/4 of Section _____, Township _____, Range _____

Abbreviated Legal Description _____

FOR COUNTY USE ONLY	Legal Descriptions of existing parcels found on Page(s) _____ attached	
BLA# _____	Page _____ of _____	Approved: _____ By: _____

<p>Parcel D</p> <p>_____ Owner's Name</p> <p>_____ Owner's Name</p> <p>_____ Mailing Address</p> <p>_____ City, State, Zip Code</p> <p>_____ Phone</p>	<p>_____ Assessor Parcel No.</p> <p>_____ If applicable, Plat Name or Short Plat Number:</p> <p>_____ Block No. Lot No. Recorded Auditor's File No.</p> <p>_____ Owner's Signature</p> <p>_____ Owner's Signature</p>
<p>Parcel E</p> <p>_____ Owner's Name</p> <p>_____ Owner's Name</p> <p>_____ Mailing Address</p> <p>_____ City, State, Zip Code</p> <p>_____ Phone</p>	<p>_____ Assessor Parcel No.</p> <p>_____ If applicable, Plat Name or Short Plat Number:</p> <p>_____ Block No. Lot No. Recorded Auditor's File No.</p> <p>_____ Owner's Signature</p> <p>_____ Owner's Signature</p>
<p>Parcel F</p> <p>_____ Owner's Name</p> <p>_____ Owner's Name</p> <p>_____ Mailing Address</p> <p>_____ City, State, Zip Code</p> <p>_____ Phone</p>	<p>_____ Assessor Parcel No.</p> <p>_____ If applicable, Plat Name or Short Plat Number:</p> <p>_____ Block No. Lot No. Recorded Auditor's File No.</p> <p>_____ Owner's Signature</p> <p>_____ Owner's Signature</p>
<p>Parcel G</p> <p>_____ Owner's Name</p> <p>_____ Owner's Name</p> <p>_____ Mailing Address</p> <p>_____ City, State, Zip Code</p> <p>_____ Phone</p>	<p>_____ Assessor Parcel No.</p> <p>_____ If applicable, Plat Name or Short Plat Number:</p> <p>_____ Block No. Lot No. Recorded Auditor's File No.</p> <p>_____ Owner's Signature</p> <p>_____ Owner's Signature</p>
<p>Parcel G</p> <p>_____ Owner's Name</p> <p>_____ Owner's Name</p> <p>_____ Mailing Address</p> <p>_____ City, State, Zip Code</p> <p>_____ Phone</p>	<p>_____ Assessor Parcel No.</p> <p>_____ If applicable, Plat Name or Short Plat Number:</p> <p>_____ Block No. Lot No. Recorded Auditor's File No.</p> <p>_____ Owner's Signature</p> <p>_____ Owner's Signature</p>

FOR COUNTY USE ONLY			
BLA#	Page ____ of ____	Approved:	By:

ACKNOWLEDGEMENTS

WAIVER OF CRITICAL AREAS REVIEW BY COUNTY

(If evidence of critical areas is not provided, this part must be signed by all property owners)

I/We hereby certify that I/we have elected to waive critical areas review by the County and acknowledge any future alteration to a critical area or buffer, pursuant to Chapter 17.02A, Island County Code, shall not be permitted unless the extent of the proposed alteration is less than any alteration that would be have been necessary prior to approval of this Boundary Line Adjustment. This condition is binding on future owners.

Parcel _____: (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____: (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____: (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____: (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____: (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____: (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date

WAIVER OF VERIFICATION OF ACCESS BY COUNTY

(If evidence of legal access is not provided, this part must be signed by all property owners)

I/We hereby certify that I/we have waived the verification of legal means of access by the County and acknowledge it may not have been provided for at this time.

Parcel _____: (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____: (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____: (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____: (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____: (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____: (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date

FUTURE COMPLIANCE WITH COUNTY CODE

(This part must be signed by all property owners)

I/We acknowledge that Island County does not determine that the reconfigured lots are useable or buildable during the review of this Boundary Line Adjustment, and that compliance with all applicable County Codes, including those contained in Titles 8 (Health, Welfare and Sanitation), 11 (Land Development Standards), 13 (Public Works), and 17 (Island County Critical Areas and Zoning Ordinance) will be required before any development of the modified lots is permitted or before any permits are issued by Island County.

Parcel _____: (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____: (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____: (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____: (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____: (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date
Parcel _____: (e.g. A,B,etc)	Owner Name (print name)	Owner's Signature	Date

FOR COUNTY USE ONLY	_____ Legal means of access has been waived by the Applicant(s). See Page _____ of this BLA. _____ Critical Areas Review By County has been waived by the Applicant(s).
BLA#	Page _____ of _____ Approved: _____ By: _____

MAP (Maps drawn in pencil or taped on will not be accepted.)

This map is not a formal survey.
Before development will be permitted, compliance with all applicable County Codes shall be required. This includes health, land development standards and zoning regulations.

Scale: 1" = _____ feet (standard engineering scale)

_____ **Existing Boundary Line** Drawn by: _____ Date: _____

----- **Proposed Boundary Line** Section _____ Township _____ Range _____

Parcel A: _____	Current Area: _____ (acre/sq.ft.)	Proposed Area: _____ (acre/sq.ft.)
Parcel B: _____	Current Area: _____ (acre/sq.ft.)	Proposed Area: _____ (acre/sq.ft.)
Parcel C: _____	Current Area: _____ (acre/sq.ft.)	Proposed Area: _____ (acre/sq.ft.)
Parcel D: _____	Current Area: _____ (acre/sq.ft.)	Proposed Area: _____ (acre/sq.ft.)
Parcel E: _____	Current Area: _____ (acre/sq.ft.)	Proposed Area: _____ (acre/sq.ft.)
Parcel F: _____	Current Area: _____ (acre/sq.ft.)	Proposed Area: _____ (acre/sq.ft.)

Applicants' Signature: (blue ink)

Parcel A: _____	Date: _____	Parcel A: _____	Date: _____
Parcel B: _____	Date: _____	Parcel B: _____	Date: _____
Parcel C: _____	Date: _____	Parcel C: _____	Date: _____
Parcel D: _____	Date: _____	Parcel D: _____	Date: _____
Parcel E: _____	Date: _____	Parcel E: _____	Date: _____
Parcel F: _____	Date: _____	Parcel F: _____	Date: _____

FOR COUNTY USE ONLY ___ Legal means of access has been waived by the Applicant(s). See Page ___ of this BLA.

BLA# _____ Page ___ of ___ Approved: _____ By: _____

LEGAL DESCRIPTION of EXISTING PARCELS

Attach additional pages as needed and note on first page of application (Needed for Recording purposes)

NOTE: All additional pages must have a one (1) inch margin on all sides for recording purposes

FOR COUNTY USE ONLY

BLA#

Page _____ of _____

Approved:

By:

LEGAL DESCRIPTION of PROPOSED PARCELS

Attach additional pages as needed

NOTE: All additional pages must have a one (1) inch margin on all sides for recording purposes

FOR COUNTY USE ONLY

BLA#

Page ____ of ____

Approved:

By: