



Clallam County
Department of Community Development
223 East 4th Street, Suite 5, Port Angeles, WA 98362
(v) 360-417-2420 ✦ (f) 360-417-2443
email: dcdplan@co.clallam.wa.us

BOUNDARY LINE ADJUSTMENT APPLICATION CHECKLIST

Process:

Upon receipt of a Boundary Line Adjustment application, the Department of Community Development reviews the proposal. Once the review is complete the project planner will forward a letter to the applicant with the decision that approves or denies the application. The time limit for processing Type 1 permits will not be greater than 120 days. Criteria for approval of a Boundary Line Adjustment are listed in Clallam County Code 29.43.200. The Boundary Line Adjustment is a two-stage process, which could require a survey to be recorded to complete the process. At every stage of the permit application process, the burden of demonstrating that any proposed development is consistent with the Clallam County Codes is upon the applicant.

A complete application for a boundary line adjustment must include the following information:

- The **original application** with notarized authorization from all property owners.
- Vicinity map and **site plan**, showing the parcels **both before and after** the adjustment.
- Legal description of all properties subject to the boundary line adjustment. The applicant must submit **Quit Claim Deeds and/or Statutory Warranty Deeds** establishing **WHEN** and **HOW** the subject parcels were created. If the property is less than five acres in size the deeds must be dated before 1972 establishing the legal creation of the property.
- Boundary Line Adjustment fees \$300, plus \$50 each additional lot line
- Environmental Health Technical Review fees \$132

Final Review Fees

Planning Fees

\$125 final review fee

Auditors Office

Recording Fee

\$ 287.50 for map plus \$5 for each add'l page

Additional documents to be recorded

\$ 203.50 for 1st page plus \$1 per add'l page

BOUNDARY LINE ADJUSTMENT APPLICATION

BLA _____ - _____

APPLICANT INFORMATION – PARCEL A

Name _____
Mailing Address _____
City _____ St. _____ Zip _____
Phone Number _____ Business Phone _____
Tax Parcel Number _____ Zoning _____ Current Land Use _____
Size of Parcel Before _____ Size of Parcel After _____ Water Source _____

AGENT INFORMATION (If applicable) I, _____, (applicant) do hereby authorize
(agent) _____ to act on my behalf for this land division pursuant to Title 29, CCC.
Mailing Address _____ City _____ St. _____ Zip _____
Phone Number _____ Contact Person _____

Owner Signatures _____
STATE OF WASHINGTON)
)ss
COUNTY OF CLALLAM)

I, _____, Notary Public in and for the State of Washington, do hereby certify on this
_____ day of _____, _____, personally appeared _____ to me known to be
the individual(s) described in and who executed the within instrument and acknowledged that _____
signed the same as _____ free and voluntary act and deed for the purposes herein mentioned
GIVEN UNDER MY HAND AND OFFICIAL SEAL this _____ day of _____, _____.

Notary Public in and for the State of Washington, residing at _____

APPLICANT INFORMATION – PARCEL B

Name _____
Mailing Address _____
City _____ St. _____ Zip _____
Phone Number _____ Business Phone _____
Tax Parcel Number _____ Zoning _____ Current Land Use _____
Size of Parcel Before _____ Size of Parcel After _____ Water Source _____

AGENT INFORMATION (If applicable) I, _____, (applicant) do hereby authorize
(agent) _____ to act on my behalf for this land division pursuant to Title 29, CCC.
Mailing Address _____ City _____ St. _____ Zip _____
Phone Number _____ Contact Person _____

Owner Signatures _____
STATE OF WASHINGTON)
)ss
COUNTY OF CLALLAM)

I, _____, Notary Public in and for the State of Washington, do hereby certify on this
_____ day of _____, _____, personally appeared _____ to me known to be
the individual(s) described in and who executed the within instrument and acknowledged that _____ signed the
same as _____ free and voluntary act and deed for the purposes herein mentioned
GIVEN UNDER MY HAND AND OFFICIAL SEAL this _____ day of _____, _____.

Notary Public in and for the State of Washington, residing at _____

By making this application, you are hereby granting consent to the Clallam County Director of Community Development and his/her designee to enter and inspect the property, structure(s) or geophysical feature related thereto which is the subject of this application, Unless otherwise further granted, the consent to enter established by this application is terminated upon the final action on the application or resulting permit.

I certify, under penalty of perjury of the Laws of the State of Washington, that I am the owner or authorized agent* of the property that is the subject of this application.

_____	_____	_____	_____
Applicant	Date	Agent	Date