



CITY OF COVINGTON
Community Development Department
16720 SE 271st Street • Suite 100 • Covington, WA 98042
Phone: (253) 480-2400 • Fax: (253) 480-2401
www.covingtonwa.gov

BOUNDARY LINE ADJUSTMENT / LOT CONSOLIDATION

PROCEDURE

A Boundary Line Adjustment (BLA) is the realignment of property lines between adjacent parcels. A Lot Consolidation (LC) is the elimination of property lines and the consolidation of two or more parcels or lots into fewer lots. A BLA/LC is a Type 1 decision type, by the Community Development Director. The Director's decision shall be final unless appealed to the Hearing Examiner. The City will review the application based on the criteria outlined in CMC 17.40 whereby a BLA/LC shall not:

- a. Result in the creation of an additional lot or building site,
- b. Result in a non-conforming lot,
- c. Be inconsistent with any restrictions set forth in the Covington Municipal code, or Conditions of Approval for the plat or short plat,

When the City completes the review, a final paper copy of the BLA map will be requested for the City approval. All parties responsible for signing the final BLA map shall provide their signature, with the exception of the County signatures, prior to the City's signature. The Applicant is responsible for recording the signed BLA map with King County Department of Records and Elections, within 1 year or the approval will become null and void. Two conformed paper copies of the recorded BLA map shall be provided to the City for our records. No permits will be issued prior to recording of the BLA map.

SUBMITTAL CHECKLIST

The materials listed below must be submitted with your application unless specifically waived in writing by the Permit Services Division. Please contact the Permit Services Division if you feel certain items are not applicable to your project and should be waived. Permit Services staff is available to answer questions about application materials at 253- 480-2400 or via email at permitservices@covingtonwa.gov

- Application Fee (per current Fee Resolution)
- Application Form and Checklist (1 copy)
- Affidavit of Ownership Page
- Lot Closure Calculations (Signed and stamped)
- Title Insurance Certificate current by not more than 30 days and proof of legal lot status per RCW 58.17.
- Plot map of proposed Boundary Line Adjustment or Lot Consolidation (3) sets 18" X 24" size plus (1) set 8 ½ x 11 (Paper Copies) The map should be a scaled drawing no larger than 1:40 scale and prepared by a professional Land Surveyor in accordance with the WAC and RCW specifications.
 - North Arrow, scale and date
 - Legal Description (existing and proposed)
 - Standard Dedication Language
 - Signature Lines and Notary blocks for each individual property owner(s)
 - Approval signature lines for the Community Development Director, Development Review Engineer, and Finance Director
 - Approval signature lines for the King County Department of Assessments and Finance Division Certificate
 - Dashed lines showing location of existing lot line(s) and solid lines showing proposed lot line(s)
 - Location and dimensions of all easements existing and proposed (water, sewer, power, utilities)
 - Means of access to each lot, including width and name adjacent streets
 - Dimensions of all lines and total lot or parcel sizes (existing and proposed)
 - Existing structures and distance to proposed property lines
 - Location of septic drain fields and wells, if applicable.



CITY OF COVINGTON
 Community Development Department
 16720 SE 271st Street • Suite 100 • Covington, WA 98042
 Phone: (253) 480-2400 • Fax: (253) 480-2401
 www.covingtonwa.gov

BOUNDARY LINE ADJUSTMENT APPLICATION

STAFF USE ONLY	Project Number: _____ Application Date: _____
-----------------------	---

NAME OF PROJECT/DEVELOPMENT: _____

LOCATION OF PROJECT/DEVELOPMENT:
Give street address or, if vacant, indicate lot(s), block, and subdivision OR tax lot number, access street and nearest intersection. If proposal applies to several parcels, list the streets bounding the area.

ADDRESS: _____

ASSESSOR'S PARCEL NUMBER(S): _____

LEGAL DESCRIPTION(S): _____

Quarter _____ Section _____ Township _____ Range _____ *(This information is on your tax statement.)*

PRIMARY CONTACT PERSON Applicant
Main contact regarding application, to whom all notices and reports shall be sent.

Name: _____ Phone: _____ Fax: _____

Address: _____ E-mail: _____

City/State/Zip: _____

Signature: _____ Date: _____

PROPERTY OWNER Applicant
Legal owner as indicated on Property Owner Declaration. Attach a list of any additional property owners with the following information.

Name: _____ Phone: _____ Fax: _____

Address: _____ E-mail: _____

City/State/Zip: _____

Signature: _____ Date: _____

LAND SURVEYOR Applicant

Company: _____

Contact Name: _____ Phone: _____ Fax: _____

Address: _____ E-mail: _____

City/State/Zip: _____



Project Name
Lot Line Adjustment
File No. LU _____

VOL/PAGE

DECLARATION

KNOW ALL MEN BY THESE PRESENT THAT WE THE UNDERSIGNED OWNER (S) OF THE LAND HEREIN DESCRIBED DO HEREBY MAKE A BOUNDARY LINE ADJUSTMENT PURSUANT TO RCW 58.17.040 AND DECLARE THIS ADJUSTMENT TO BE THE GRAPHIC REPRESENTATION OF THE SAME AND ACCORDANCE WITH THE DESIRE OF THE PARTIES CONCERNED IN WHEREOF WE HAVE SET OUR HANDS AND SEALS.

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

I certify that I know or have seen satisfactory evidence that _____ (Property Owner) signed this instrument and acknowledges it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.
 Date: _____
 Signature: _____
 Printed Name: _____
 Notary Public in and for the State of WA
 My appointment expires: _____

I certify that I know or have seen satisfactory evidence that _____ (Property Owner) signed this instrument and acknowledges it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.
 Date: _____
 Signature: _____
 Printed Name: _____
 Notary Public in and for the State of WA
 My appointment expires: _____

APPROVALS

APPROVED THIS _____ DAY OF _____, 20____

Development Review Engineer

APPROVED THIS _____ DAY OF _____, 20____

Community Development Director

APPROVED THIS _____ DAY OF _____, 20____

Finance Director

KING COUNTY DEPARTMENT OF ASSESSMENTS
 Examined and approved this _____ day of _____, 20____

RECORDING INFO.

RECORDED'S CERTIFICATE filed for record this _____ day of _____, 20____ at _____ M in book _____ at _____ at page _____ at the request of _____

SURVEYOR'S NAME _____

MANAGER _____ SUPT. OF RECORDS _____

This sample BLA Map has been designed to help you prepare a complete document for your project. Make sure your Map includes all of the information on the checklist.



APPROVAL NOTES:
 This Boundary Line Adjustment has been reviewed by the City of Covington under applicable code chapter 17-40.

Surveyor's Name and Address:

LAND SURVEYOR'S CERTIFICATE
 This LOT LINE ADJUSTMENT correctly represents a survey made by me or under my direction in conformance with state and county statutes on this _____ day of _____, 20____.

Certificate No. _____

PORTION OF
 _____ 1/4 OF _____ 1/4 S _____ T _____ E.W.M.A.

DRAWN BY _____ **DATE** _____ **JOB NO.** _____

CREW BY _____ **SCALE** _____ **SHEET** _____ **OF** _____

VOL/PAGE



CITY OF COVINGTON
 Community Development Department
 16720 SE 271st Street • Suite 100 • Covington, WA 98042
 Phone: (253) 480-2400 • Fax: (253) 480-2401
 www.covingtonwa.gov

PROPERTY OWNER DECLARATION

STAFF USE ONLY	Permit/Project Number: _____ Application Date: _____
-----------------------	--

I/We make the following statements based upon personal knowledge:

1. I am/We are the current owner(s) of the following parcel number(s) that is/are the subject of this application, including all rights-of-way, easements, or other property ownerships which are necessary to fulfill the requirements of the application: _____
2. All statements contained in the application are true and correct to the best of my/our knowledge.
3. The application is being submitted with my/our knowledge and consent.

I/We declare under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

Signed this _____ day of _____, 20____, at _____, _____.

City *State*

Signature

Print Name

Address

Phone Number

Signature

Print Name

Address

Phone Number

State of Washington }
 County of King } ss.

State of Washington }
 County of King } ss.

I certify that I know or have seen satisfactory evidence that _____ (Property Owner) signed this instrument and acknowledges it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

I certify that I know or have seen satisfactory evidence that _____ (Property Owner) signed this instrument and acknowledges it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Date: _____
 Signature: _____
 Printed Name: _____
 Notary Public in and for the State of Washington
 My appointment expires: _____
 (Notary Seal or Stamp)

Date: _____
 Signature: _____
 Printed Name: _____
 Notary Public in and for the State of Washington
 My appointment expires: _____
 (Notary Seal or Stamp)

Use additional pages as needed for all property owner signatures.