



Lot Line Adjustment Application # _____

Property Address: _____

Section: _____ Township: _____ Range: _____

Zoning Designation: _____ Comprehensive Plan/Zoning within 200 feet: _____

Number of parcels included in the Lot Line Adjustment request: _____

Number of lot lines adjusted: _____

Lot Line Adjustment Application Requirements (per Section 20-04.460, Swinomish Tribal Code)

A Lot Line Adjustment application fee of \$350.00 is due at time of submission. The Lot Line Adjustment submittal must include the following to be a complete application and begin technical review:

1. A revised legal description of each lot to be affected by the lot line adjustment, prepared by an engineer or licensed land surveyor;
2. A revised survey map or plat of each lot affected by the lot line adjustment, prepared by an engineer or licensed land surveyor;
3. Signed approval of the lot line adjustment by all persons with ownership interests in affected lot, witnessed by a licensed notary public.
4. A title insurance certificate updated not more than 30 days prior to recording of the adjustment which includes all parcels within the adjustment.

Brief Description of Proposed Adjustment/s _____

Primary Applicant Name: _____

1. Owner/Lessee/Other _____ (circle those that apply)

Name: _____

Parcel ID #1: _____ Tax Account #: _____ sq. ft./acreage: _____

Site Address: _____

Phone: _____ Fax: _____ Email Address: _____

Cross Street(s)/Neighborhood: _____

2. Owner/Lessee/Other _____ (circle those that apply)

Name: _____

Parcel ID #1: _____ Tax Account #: _____ sq. ft./acreage: _____

Site Address: _____

Phone: _____ Fax: _____ Email Address: _____

Cross Street(s)/Neighborhood: _____



**SWINOMISH INDIAN
TRIBAL COMMUNITY**

OFFICE OF PLANNING AND COMMUNITY DEVELOPMENT
11367 Moorage Way, La Conner, Washington 98257-0817
Phone (360) 466.7280 | Fax (360) 466.1615

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3. Owner/Lessee/Other _____ (circle those that apply)

Name: _____
Parcel ID #1: _____ Tax Account #: _____ sq. ft./acreage: _____
Site Address: _____
Phone: _____ Fax: _____ Email Address: _____
Cross Street(s)/Neighborhood: _____

4. Owner/Lessee/Other _____ (circle those that apply)

Name: _____
Parcel ID #1: _____ Tax Account #: _____ sq. ft./acreage: _____
Site Address: _____
Phone: _____ Fax: _____ Email Address: _____
Cross Street(s)/Neighborhood: _____

Lot of Record: Yes / No Shoreline / Sensitive Area within 200 Feet: Yes / No
Pre-application Meeting Required: Yes / No If yes, attach checklist: Yes / No
Road Access: Private / County / State / Tribal
Water Source: _____, Public / Private County / State / Tribal Permit #: _____
Sewage Disposal: Septic / Public Permit #: _____

FOR STAFF USE BELOW

Parcel Information					
	Min/Max Area	Width	Depth	Frontline Minimum	Code Reqs.
Current Parcel 1					
Current Parcel 2					
Current Parcel 3					
Current Parcel 4					
Proposed Parcel 1					
Proposed Parcel 2					
Proposed Parcel 3					
Proposed Parcel 4					

Reviewed and Approved in Accordance with SITC Title 20, Chapter 4 on _____, _____, 20_____.

SITC Planning Dept. _____
Signature _____ *Date* _____

SITC Realty Dept. _____
Signature _____ *Date* _____

SITC Utilities Dept. _____
Signature _____ *Date* _____



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I, the applicant(s) certify that I have an ownership interest in the affected lots do here by approve this application and am in support of this project. By signing this application I agree to have the approved lot line adjustment submitted for recording to _____ within 30 days of approval of this application.

Applicant #1 Signature

Print

Applicant #2 Signature

Print

Applicant #3 Signature

Print

Applicant #4 Signature

Print

On this day personally appeared before me _____, to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her free and voluntary act and deed, for the uses and proposes therein mentioned. Given under my hand and the official seal.

State of _____ County of _____

The forgoing instrument was acknowledges before me this _____ day of _____, 20____, by _____

Notary Name/Signature

My Commission Expires _____