



BOUNDARY LINE ADJUSTMENT (BLA) APPLICATION

Liberty Lake Planning & Building Services
22710 E. Country Vista Drive, Liberty Lake WA 99019
Phone: (509) 755-6700 Fax: (509) 755 6713
Website: www.libertylakewa.gov

REQUIRED BOUNDARY LINE ADJUSTMENT (BLA) APPLICATION PACKET SUBMITTALS:

- BOUNDARY LINE ADJUSTMENT (BLA) APPLICATION & BLA FEE
- BOUNDARY LINE ADJUSTMENT COVER SHEET (TYPED WITH 3" TOP & 1" SIDE MARGINS TO MATCH SUPPLIED COVER SHEET OR USE ONLINE BLA COVER SHEET)
- COMPLETED BLA FORM - 1 PER PARCEL (MAINTAIN 1" MARGINS ON ALL SIDES)
- COMPLETED SPOKANE COUNTY ASSESSOR SEGREGATION / AGGREGATION FORM
- COMPLETED SPOKANE COUNTY AUDITOR ALTERATION OF PROPERTY LINE CERTIFICATE OF PAYMENT
- DOCUMENT THAT SHOWS PROOF OF OWNERSHIP (PROPERTY DEED, TAX PARCEL RECORD, ETC.)
- 8½" x 11" / 8½" x 14" SURVEY MAP(S) - SHOW PARCELS BEFORE & AFTER THE BLA WITH:
 - 1" MARGINS ON ALL SIDES & STAMPED BY A LICENSED LAND SURVEYOR;
 - EXISTING AND PROPOSED LOT LINES AND DIMENSIONS;
 - FOOTPRINTS AND DIMENSIONS OF EXISTING STRUCTURES;
 - LOCATION AND DIMENSIONS OF DRIVEWAYS AND PUBLIC / PRIVATE STREETS WITHIN OR ABUTTING THE SUBJECT LOTS;
 - LOCATION OF SIGNIFICANT VEGETATION (SEE CITY DEVELOPMENT CODE ARTICLE 10-3C);
 - EXISTING FENCES AND WALLS;
 - OTHER INFO DEEMED NECESSARY BY THE DIRECTOR TO ENSURE COMPLIANCE w/ CITY CODES.
- LEGAL DESCRIPTIONS FOR "BEFORE" THE BLA WITH ASSESSOR PARCEL NUMBER (MUST BE ON 8½" x 11" SHEET WITH 1" MARGINS ON ALL SIDES)
- LEGAL DESCRIPTIONS FOR "AFTER" THE BLA (MUST BE ON 8½" x 11" SHEET WITH 1" MARGINS ON ALL SIDES & BE STAMPED BY A LICENSED SURVEYOR)

Recording Lot Line Adjustments.

1. Recording. Upon the City's approval of the proposed boundary line adjustment, the applicant shall record the lot line adjustment with Spokane County within sixty (60) days of approval (or the decision expires), and submit copies of the recorded documents to the City, along with the completed and approved segregation / aggregation form signed by the Spokane County Assessor.
2. Time limit. The applicant shall submit copies of the recorded boundary line adjustment documents to the City within 15 days of recording and prior to the issuance of any building permits on the re-configured lots.

(PLANNING & BUILDING SERVICES OFFICE USE ONLY)

DATE RECEIVED: _____ RECEIVED BY: _____

REVIEWED BY: _____ APPROVED DENIED DATE: _____

BLA FILE #: _____

TOTAL FEES: _____ RECEIPT NUMBER: _____

COMMENTS: _____

City of Liberty Lake
Planning & Building Services
Attn: Lisa Key
22710 E. Country Vista Drive
Liberty Lake, WA 99019

CITY OF LIBERTY LAKE BOUNDARY LINE ADJUSTMENT COVER SHEET

ALL PARCEL #'S INVOLVED IN BLA:

GRANTOR(S): _____

GRANTEE(S): _____

SITE ADDRESS OR FRONTAGE STREET NAME: _____

ABBREVIATED LEGAL DESCRIPTION

QUARTER: _____ SECTION: _____ TOWNSHIP: _____ RANGE: _____

SEE ATTACHED NEW LEGAL DESCRIPTION(S)

(PLANNING & BUILDING SERVICES OFFICE USE ONLY)

NUMBER OF EXISTING PARCELS: _____ NUMBER OF NEW PARCELS: _____

BLA APPROVED BY: _____ DATE: _____

CONDITIONS: _____

CITY FILE NUMBER: _____ PAGE: _____ OF _____

CITY OF LIBERTY LAKE BOUNDARY LINE ADJUSTMENT FORM - 1 PER PARCEL

PARCEL #: _____

APPLICANT: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

GRANTOR(S): _____

GRANTEE(S): _____

SITE ADDRESS OR FRONTAGE STREET NAME: _____

QUARTER: _____ SECTION: _____ TOWNSHIP: _____ RANGE: _____

LOT: _____ BLOCK: _____ PLAT: _____

PRESENT USE OF PROPERTY (VACANT, RESIDENTIAL, COMMERCIAL...): _____

EXISTING PROPERTY SIZE: _____

NEW PROPERTY SIZE: _____

CURRENT ZONING: _____

I, THE UNDERSIGNED, SWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT THE ABOVE RESPONSES ARE MADE TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE. I FURTHER SWEAR OR AFFIRM THAT I AM THE OWNER OF RECORD OF THE PARCELS PROPOSED FOR THE BOUNDARY LINE ADJUSTMENT, OR, IF NOT THE OWNER. ATTACHED HERewith IS WRITTEN PERMISSION FROM THE OWNER AUTHORIZING MY ACTIONS ON HIS/HER BEHALF.

PRINTED NAME: _____ PHONE: _____

SIGNATURE OF OWNER / APPLICANT / REPRESENTATIVE

DATE