

CITY OF CLARKSTON
BOUNDARY LINE ADJUSTMENT

Applicant Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Property Owner Name (if different): \_\_\_\_\_

Address: \_\_\_\_\_

Legal Description of Property : \_\_\_\_\_ Current Zoning: \_\_\_\_\_

The City may approve a boundary line adjustment subject to the provisions of Clarkston Municipal Code Section 17.17.040.

ATTACHMENTS:

- 1. LEGAL DESCRIPTION: Attach a legal description of the existing and proposed lot, tract, parcel or building site.
2. VICINITY MAP: Please attach a vicinity map, drawn to scale, which shows the location of the proposed amendment.
3. PROOF OF OWNERSHIP: Please attach a copy of the property deed or sales contract.
4. PROPOSED BOUNDARY LINE ADJUSTMENT/SURVEY MAP: Attach a map of the proposed change.

The Applicant will be notified in writing within 30 days of receipt of the completed application whether the application approved or disapproved.

The Applicant does hereby certify that all of the above statements and information in any attachments transmitted herewith are true under penalty of perjury by the Laws of the State of Washington.

Signature (Applicant): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Landowner, if different): \_\_\_\_\_ Date: \_\_\_\_\_

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FOR OFFICE USE ONLY

Case No: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ Rec'd By: \_\_\_\_\_

Planning Dept. Approval: \_\_\_\_\_ Date: \_\_\_\_\_