**CITY OF BAINBRIDGE ISLAND**

**BOUNDARY LINE ADJUSTMENT APPLICATION**

**AGGREGATION**

FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE. PENCIL WILL NOT BE ACCEPTED.

*Note: The pages in this application are required to have a 1” border on all sides. Applicants can expect to pay $50 in recording fees for all pages with encrochaments into the required border.*

### For City Use Only

<table>
<thead>
<tr>
<th>Date Stamp</th>
<th>For City Use Only</th>
</tr>
</thead>
</table>

### To Be Filled Out By Applicant

<table>
<thead>
<tr>
<th><strong>PROJECT NAME:</strong></th>
</tr>
</thead>
</table>

| **TAX ASSessor’S NUMBERS:** |

| **PROJECT STREET ADDRESS OR ACCESS STREET:** |

### For City Use Only

<table>
<thead>
<tr>
<th><strong>FILE NUMBER:</strong></th>
</tr>
</thead>
</table>

| **PROJECT NUMBER:** |

| **DATE RECEIVED:** |

| **APPLICATION FEE:** |

| **TREASURER’S RECEIPT NUMBER:** |

### Submittal Requirements

<table>
<thead>
<tr>
<th><strong>APPLICATION</strong></th>
<th><em>One original (which must contain an original signature) and five copies</em> must be provided. Whenever possible, originals must be <em>signed in blue</em>. Please identify the original document.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUPPORTING DOCUMENTS</strong></td>
<td><em>One original (which must contain an original signature), where applicable, and five copies</em> (if an original is not applicable, <em>six copies</em> must be provided).</td>
</tr>
<tr>
<td><strong>DRAWINGS</strong></td>
<td><em>Six copies</em> of the required drawings must be provided. <em>No construction drawings</em> will be accepted unless specifically requested.</td>
</tr>
<tr>
<td><strong>SUBMITTING APPLICATIONS</strong></td>
<td>Applications <em>must be submitted in person</em> by either the owner or the owner’s designated agent. Should an agent submit the application, a <em>notarized Owner/Applicant Agreement</em> must accompany the application (owner/app agreement attached). Please call (206) 780-3762 to set up an appointment to submit the application.</td>
</tr>
<tr>
<td><strong>FEES</strong></td>
<td>Please call the Department of Planning &amp; Community Development for submittal fee information. Review by the Kitsap County Health Department may require additional fees and processing time.</td>
</tr>
<tr>
<td><strong>ATTACHED SUBMITTAL CHECKLIST</strong></td>
<td>Please refer to attached Submittal Checklist for further information. <em>NOTE:</em> when submitting this application, please do not copy or include the Submittal Checklist sheets attached to the back of this application.</td>
</tr>
</tbody>
</table>

**APPLICATIONS WILL NOT BE ACCEPTED** unless these basic requirements are met and the submittal packet is deemed counter complete.
A. GENERAL INFORMATION

1. Name of property owner: __________________________________________
   Address: _________________________________________________________
   Phone: ___________________________ Fax: _____________________________
   E-mail: _______________________________________________________________________

2. Authorized agent: _________________________________________________
   Address: _________________________________________________________
   Phone: ___________________________ Fax: _____________________________
   E-mail: _______________________________________________________________________

3. Person responsible for payment: _______________________________________
   Address: _________________________________________________________
   Phone: ___________________________ Fax: _____________________________
   E-mail: _______________________________________________________________________

If the owner(s) of record as shown by the county assessor's office is (are) not the agent,
the owner's (owners') signed and notarized authorization(s) must accompany this application.
4. Project contact: ________________________________________________________________
   Address: ___________________________________________________________________
   Phone: ___________________________ Fax: _______________________________________
   E-mail: _____________________________________________________________________

5. Name of land surveyor: _________________________________________________________
   Address: ___________________________________________________________________
   Phone: ___________________________ Fax: _______________________________________
   E-mail: _____________________________________________________________________

6. Planning department personnel familiar with site: ___________________________________

7. Description of proposal: _______________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

8. Driving directions to site: ______________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

9. Legal description(s) (or attach): _______________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
**CITY OF BAINBRIDGE ISLAND**

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**AGGREGATION**

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10. Parcel information:

<table>
<thead>
<tr>
<th>Assessor’s Parcel Number</th>
<th>Parcel Owner</th>
<th>Is Property Developed?</th>
<th>Acreage Before Adjustment</th>
<th>Acreage After Aggregation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Y / N</td>
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<td>Y / N</td>
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</table>

11. Current comprehensive plan, zoning and shoreline designations and use of subject parcel(s):

<table>
<thead>
<tr>
<th>Lot Number</th>
<th>Comp Plan Designation</th>
<th>Zoning Designation</th>
<th>Shoreline Designation</th>
<th>Current Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lot</td>
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</table>

12. Was the land platted in the past? (If yes, a copy of recorded plat is required.) □ yes □ no □ unknown

13. Is there any other information which is pertinent to this project? □ yes □ no

If yes, please explain:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
I hereby certify that I have read this application and know the same to be true and correct.

*Signature of owner or authorized agent  Date

Please print name

*Signature of owner or authorized agent  Date

Please print name

*If signatory is not the owner of record, the attached “Owner/Agent Agreement” must be signed and notarized
SUBMITTAL CHECKLIST FOR BOUNDARY LINE ADJUSTMENTS AGGREGATION

Boundary line adjustments may be applied for by the owners of the property or the owners’ applicant (with owner/agent agreement) included in the proposed adjustment. A pre-application conference is not required for a boundary line adjustment. However, meeting with a City planner prior to application is advisable. Applications must be submitted in person at the City of Bainbridge Island, Department of Planning and Community Development. A complete application shall include all applicable items listed below:

1. An application form provided by the City with the notarized signatures of all property owners or an owner/agent agreement with the notarized signatures of all property owners.
2. An application fee in the amount specified by the City.
3. Drawings prepared by a licensed land surveyor as follows:
   Application drawings: The application shall include drawing(s) clearly showing the parcels prior to and after the proposed boundary change. (See format and content specifications.)
4. Supporting documents including the following:
   Legal descriptions of each parcel before and after the proposed change. Before parcels shall be identified by current assessor’s account number and all parcels shall be identified by owner’s name.
**SUBMITTAL CHECKLIST FOR**
**BOUNDARY LINE ADJUSTMENTS**
**AGGREGATION**

**Identification Information** (to be included on each page of each drawing)

1. Project title
2. Space for planning application number
3. Name of property owner(s)
4. Signed and dated seal of the licensed surveyor
5. Quarter Section, Section, Township and Range in which property is located
6. Date drawings were prepared
7. Page numbers and total number of pages
8. Name, address, phone number, and E-mail address of surveyor
9. North arrow
10. Graphic scale

**Drawing Content**

1. Current assessor map with property highlighted.
2. Area of each lot before and after the proposed change.
3. Boundaries of all parcels, together with their designation by letter.
4. Location, name, and width of all existing and proposed streets, roads, rights-of-way, or access easements.
5. Approximate location of all primary structures.
6. The names and recording data of all adjacent to the subject properties

*INFORMATION ONLY – NOT TO BE SUBMITTED WITH APPLICATION*
# Owner/Agent Agreement

The undersigned is (are) the owner(s) of record of the property identified by the Kitsap County Assessor’s account number __________________________, located at __________________________________________.

Bainbridge Island, Washington. The undersigned hereby gives (give) consent and approval to ____________________________

to act on his/her (their) behalf as his/her (their) agent to proceed with an application for (please check all items that apply):

- preapplication conference
- planning permits
- construction permits (i.e. building, water/sewer availability, right-of-way, etc)

on the property referenced herein. This agreement authorizes the agent to act on the owner’s behalf for the above checked applications through (date or specific phase) ____________________________.

<table>
<thead>
<tr>
<th>Owner of Record</th>
<th>Date</th>
<th>Owner of Record</th>
<th>Date</th>
</tr>
</thead>
</table>

STATE OF WASHINGTON )  
COUNTY OF KITSAP )  
On this ______ day of _____________, 20____, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared: ____________________________

__________________________

Notary Public in and for the State of Washington

Residing at ____________________________

My appointment expires: ____________________________