

**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 encroachments into the required border.*

<p><b>DATE STAMP FOR CITY USE ONLY</b></p>	<p><b><u>TO BE FILLED OUT BY APPLICANT</u></b></p>
	<p><b>PROJECT NAME:</b> _____</p> <p><b>TAX ASSESSOR'S NUMBERS:</b> _____</p> <p>_____</p> <p><b>PROJECT STREET ADDRESS OR ACCESS STREET:</b> _____</p> <p>_____</p>
	<p><b><u>FOR CITY USE ONLY</u></b></p>
	<p><b>FILE NUMBER:</b> _____</p> <p><b>PROJECT NUMBER:</b> _____</p> <p><b>DATE RECEIVED:</b> _____</p> <p><b>APPLICATION FEE:</b> _____</p> <p><b>TREASURER'S RECEIPT NUMBER:</b> _____</p>
<p><b>SUBMITTAL REQUIREMENTS</b></p>	
<b>APPLICATION</b>	<p><i>One original (which must contain an original signature) and five copies</i> must be provided. Whenever possible, originals must be <i>signed in blue</i>. Please identify the original document.</p>
<b>SUPPORTING DOCUMENTS</b>	<p><i>One original (which must contain an original signature)</i>, where applicable, and <i>five copies</i> (if an original is not applicable, <i>six copies</i> must be provided).</p>
<b>DRAWINGS</b>	<p><i>Six copies</i> of the required drawings must be provided. <i>No construction drawings</i> will be accepted unless specifically requested.</p>
<b>SUBMITTING APPLICATIONS</b>	<p>Applications <i>must be submitted in person</i> by either the owner or the owner's designated agent. Should an agent submit the application, a <i>notarized Owner/Applicant Agreement</i> must accompany the application (owner/app agreement attached). Please call (206) 780-3762 to set up an appointment to submit the application.</p>
<b>FEES</b>	<p>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.</p>
<b>ATTACHED SUBMITTAL CHECKLIST</b>	<p>Please refer to attached Submittal Checklist for further information.  <b>NOTE:</b> when submitting this application, please do not copy or include the Submittal Checklist sheets attached to the back of this application.</p>
<p><b>APPLICATIONS WILL NOT BE ACCEPTED unless these basic requirements are met and the submittal packet is deemed counter complete.</b></p>	

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT  
 280 MADISON AVENUE NORTH • BAINBRIDGE ISLAND, WA • 98110-1812  
 PHONE: (206) 842-2552 • FAX: (206) 780-0955 • EMAIL: pcd@bainbridgewa.gov

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**A. GENERAL INFORMATION**

1. Name of property owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of property owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of property owner: \_\_\_\_\_  
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.*

2. Authorized agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

3. Person responsible for payment: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

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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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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10. Parcel information:

Assessor's Parcel Number	Parcel Owner	Is Property Developed?	Acreage Before Adjustment	Acreage After Aggregation
		Y / N		
		Y / N		
		Y / N		
		Y / N		

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

Lot Number	Comp Plan Designation	Zoning Designation	Shoreline Designation	Current Use
Lot				

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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**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

# 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) \_\_\_\_\_.

\_\_\_\_\_  
Owner of Record

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner of Record

\_\_\_\_\_  
Date

STATE OF WASHINGTON            )  
  ) SS.  
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: \_\_\_\_\_*

to me known as the individual(s) described in and who executed the foregoing instrument, and acknowledged to me that he/she/they signed and sealed the said instrument, as his/her/their free and voluntary act and deed for the uses and purposes therein mentioned, and on oath stated that he/she/they was (were) authorized to execute said instrument.

*WITNESS MY HAND AND OFFICIAL SEAL*, hereto affixed the day and year in this certificate above written.

\_\_\_\_\_  
*Notary Public in and for the State of Washington*

*Residing at* \_\_\_\_\_

My appointment expires: \_\_\_\_\_