

OFFICIAL USE

DATE RECEIVED:

RECEIVED BY: _____

RECEIPT NUMBER: _____

City of Raymond

WASHINGTON



BOUNDARY LINE ADJUSTMENT APPLICATION - \$100 Fee

PLEASE RETURN APPLICATIONS WITH PAYMENT TO:

300 1st Street, Raymond, WA 98577 - Phone: 360-942-4108, Fax: 360-942-4137

APPLICANT/CONTACT INFORMATION

NAME:

MAILING ADDRESS:

CITY, STATE, ZIP:

PHONE:

WHAT IS THE LEGAL RELATIONSHIP THAT ENTITLES YOU TO APPLY ON BEHALF OF THE OWNER (IF DIFFERENT)?

PARCEL DETAILS & OWNER INFORMATION - PARCEL 1

PARCEL NUMBER(S):

WHAT IS THE CURRENT USE OF THE PROPERTY?

OWNER NAME:

PHONE:

MAILING ADDRESS:

PHYSICAL ADDRESS:

CITY, STATE, ZIP:

CITY, STATE, ZIP:

PARCEL DETAILS & OWNER INFORMATION - PARCEL 2

PARCEL NUMBER(S):

WHAT IS THE CURRENT USE OF THE PROPERTY?

OWNER NAME:

PHONE:

MAILING ADDRESS:

PHYSICAL ADDRESS:

CITY, STATE, ZIP:

CITY, STATE, ZIP:

PARCEL DETAILS & OWNER INFORMATION - PARCEL 3

PARCEL NUMBER(S):

WHAT IS THE CURRENT USE OF THE PROPERTY?

OWNER NAME:

PHONE:

MAILING ADDRESS:

PHYSICAL ADDRESS:

CITY, STATE, ZIP:

CITY, STATE, ZIP:

***A SURVEYOR'S MAP IS REQUIRED TO BE ATTACHED. PLEASE SHOW THE EXISTING & PROPOSED BOUNDARIES OF ALL PROPERTIES INVOLVED.
--IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE PAGE--**

I (WE) GRANT THE APPLICANT PERMISSION TO USE MY(OUR) PROPERTY IN THE MANNER DESCRIBED IN THIS APPLICATION.

Owner's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

We, the above signatories attest under penalty of perjury that the information in this application is true and accurate.

We also understand that it is our responsibility to understand and comply with all applicable federal, state, and local regulations.