

**CITY OF DEER PARK
DEER PARK MUNICIPAL CODE TITLE 17, SUBDIVISIONS**

**APPLICATION FOR
LOT LINE ADJUSTMENT**

Date Received: _____ File Number: _____
Date Accepted: _____ By: _____
Total Fees: _____ Receipt Number: _____

A. GENERAL INFORMATION

Name of Applicant: _____
Mailing Address: _____
Phone: _____ Fax: _____

If the applicant is not the property owner, include written authorization from the owner for the applicant to serve as the owner's representative.

Name of Legal Owner: _____
Mailing Address: _____
Phone: _____ Fax: _____

Site Area of Existing Parcels (Acres or Square Feet): _____

Site Area of Proposed Parcels (Acres or Square Feet): _____

Street Address of Lot Line Adjustment: _____

Existing Zoning: _____

Existing Use of Property: Single Family ____; Manufactured Home ____;

Duplex ____; Multifamily ____; Commercial ____; Industrial ____;

Other (Describe) _____

List Previous City Actions Involving This Property: _____

Location of Lot Line Adjustment: _____

Section: _____ Township: _____ Range: _____

Name of Public Street(s) Providing Access: _____

Width of Property Fronting on Public Street(s): _____

Attach before and after legal descriptions of the parcels stamped by Licensed Surveyor.

Attach a legible scale drawing of the before and after configuration of the parcels, showing before and after dimensions of all property lines, and before and after square footages of the parcels.

B. APPLICANT/PROPERTY OWNER AUTHORIZATION

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 area proposed for the lot line adjustment identified herein or, if not the owner, attached herewith is written permission from the owner authorizing my actions on his/her behalf.

Signature: _____ Date: _____

Name (Print): _____

Address: _____

Phone: _____

State of Washington)

SS

County of Spokane)

Signed and sworn or affirmed before me on this _____ day of

_____, by _____

Notary Seal

Notary Public in and for the State of Washington

Residing at: _____

My Appointment Expires: _____