

LAND USE APPLICATION

BKILK ESTD 1965	File Nan	ne:			_
	File No(s	s).:			-
Receipt No.:	Receipt Date:		Received By:	Amount.:	\$
Instructions for Applic Please read and follow all inst your project, it is strongly recom- processing can advance in a time and all required items, and a not	ructions on y mended that y ely manner. E	ou speak with s very application	staff prior to submitting n must include this cov	your application to	help ensure that
Specific Type of Land Use App Conditional Use Permit Critical Areas Review Environmental Review (SEPA) Landscape Plan Review Please Print or Type Legibly	olication to b	•	ment / Combination	Variance Wireless Communic Other (please spec	•
Site Address(es):	(DNI-)				
Assessor Parcel Number(s) – (A	APNS):		Comp. Plan Designed	tion:	
Zoning: Applicant:			Comp. Plan Designat	Phone:	
Address:				Cell:	
City:		State:	Zin:	Fax:	
E-Mail:		State.	Zip:	гах.	
				Phone:	
Contact Person, if different:				Cell:	
Address:	State				
City:		State:	Zip:	Fax:	
E-Mail:				Discourse	
Property Owner(s), if different:				Phone:	
Address:			Cell:		
City:		State:	Zip:	Fax:	
E-Mail: Description of Proposal:					

LAND USE APPLICATION



I certify that the information provided in this application, including all submittals and attachments, is true and correct to the best of my knowledge. I understand that this application <u>does not</u> constitute approval of permits and/or work to be performed. I certify that I am or represent the owner and am acting with the owner's full knowledge and consent. I further understand that...

Initials						
	This application applies only to the property for which it is approved and is non-tra	ansferable.				
	Approval of an application does not in any way replace, modify or waive any requot the proposal with other applicable standards or regulations. It is the responsibility become aware of the requirements of the BMC. The approval of any plans does not of applicable codes have been met.	of the owner / app	olicant to			
The burden of proof rests with the applicant.						
	An application may be amended only in writing Submittal of this application grants the appropriate city officials the right of entry to the project site du reasonable hours.					
Items with any typewritten information must be 10-point font or larger to ensure legibility of scanned documents.						
	It is the applicant's responsibility to request required inspections a minimum of twadvance at (425) 755-5440.	enty four (24) hou	ırs in			
	By submitting this application, I consent to pay any fees incurred for engineering	or outside consult	ant review			
Signat	re of Owner/Agent:	Date:				
	Please Print Name:	_				
	FOR CITY USE ONLY					
Date	Action / Notes		Initials			

Phone: (425) 775-5440

BRIER ESTD 1965

LOT LINE ADJUSTMENT

File No./Name:	
Site Address:	

NOT AN INSTRUMENT TO CONVEY NOR OF CONVEYANCE

An application for a **Lot Line Adjustment** is complete when it is accompanied by the following items. Additional information may be required. No application shall be considered complete if any of the required information is missing. A Lot Line Adjustment is exchange of property between two or more adjoining lots. The adjustment cannot make any lot or structure nonconforming with regards to size or setbacks, invalidate any easements, or create new lots. Lots can be combined under this process. Please be advised that depending on the location of access drives and underground utilities, some easements may need to be obtained or adjusted.

After City review and approval, the applicants will need to record the approved, signed final documents and any deed(s) of conveyance with the Snohomish County Auditor's Office and pay all taxes to the Snohomish County Treasurer. More information about recording requirements, the recording process, and taxes due can be found online at: http://snohomishcountywa.gov/278/Recording.

RE	QUI	RED	SUBMITTALS	Verified	Waived	
	1.	Lan	and Use Application Cover Sheet, with original signature(s) and Application Deposit: \$500.			
	2.	Two				
		A.	Date, scale, north arrow, and vicinity map;			
		В.	Dimensions, square footage and location of all existing and proposed lots;			
		C.	Legal descriptions of existing and proposed lots;			
		D.	Location, dimensions and names of all adjacent streets;			
		E.	All existing structures with address numbers, and existing and proposed setbacks to those structures;			
		F.	All existing surface improvements, such as driveways, fences, utility poles and vaults;			
		G.	Location and recording number for all easements affecting the proposal;			
		Н.	Location of any underground utilities serving each property;			
		I.	Location of all critical areas as defined by Title 18 BMC or a statement certifying that there are no critical areas on or adjacent to the site;			
		J.	Auditor, Surveyor, and Treasurer standard certificates; and			
		K.	Title block with the owner's name, surveyor's name and contact information, sheet identification, and space for the City of Brier File No.;			
		L.	Declaration and acknowledgement blocks by the property owner(s);			
		M.	City of Brier approval block, stating:			
			The City of Brier hereby approves this lot line adjustment and declares that it meets all applicable zoning and land use controls and makes appropriate provisions for the public health, safety and welfare.			
			Examined and approved this day of,			
			City of Brier, Community Development and Planning			
			City of Brier, Mayor			
		N.	Any other information as may be required by the Snohomish County Auditor as a condition of recording.			
	3.	Two	o (2) copies of lot closures prepared by a Washington State-Licensed Surveyor.			

Phone: (425) 775-5440

LOT LINE ADJUSTMENT

For Staff Use ONLY



REQUIRED SUBMITTALS Verified Waived									
	4. Two (2) copies of a title report prepared by a recognized title company within thirty (30) days of application for each affected property, including copies of all recorded easements and covenants pertaining to the subject properties.								
5. A notarized Affidavit of Ownership for all property owner(s), with original signatures.									
☐ 6. One (1) set of reduced copies (no larger than 11x17") of all plans and oversized documents									
			PROI	POSED C	ONVEYANCE				
Existing Parcel 1, constituted of acres or square feet.					e feet.		APN:		
Prop	Property Owner(s): Parcel Address:								
□с	onve	eyor Reciever of	acres or	square fee	t from Parcel	of	acres or	square fe	et.
Exist	ting	Parcel 2, constituted of	acres or	squar	e feet.		APN:		
Prop	erty	Owner(s):			Parcel Address:				
□с	onve	eyor Reciever of	acres or	square fee	t from Parcel	of	acres or	square fe	et.
Exist	ting	Parcel 3, constituted of	acres or	squar	e feet.		APN:		
Prop	erty	Owner(s):			Parcel Address:				
□с	onve	eyor Reciever of	acres or	square fee	t from Parcel	of	acres or	square fe	et.
Exist	ting	Parcel 4, constituted of	acres or	squar	e feet.		APN:		
Prop	Property Owner(s): Parcel Address:								
☐ Conveyor ☐ Reciever of acres or		square fee	t from Parcel	of	acres or	square fe	et.		
				FOR CITY	USE ONLY				
Date Action / Notes									

BRIER ESTD 1965

AFFIDAVIT OF OWNERSHIP

BKIEK	File No./Name	e:
2310 1303	Site Addres	s:
Property Owner:		
Contact Address:		Phone:
express interest in additional pa	arcels involved ir	ect property must complete this form. If the above property owner has an a the listed project than there is space provided for below, those parcel at be provided on further copies of this form. Full legal descriptions may
Site Address:		APN:
Legal Description:		
Site Address:		APN:
Legal Description:		
Site Address:		APN:
Legal Description:		
l,	, be	Be Completed in the Presence of a Notary Public ing duly sworn, depose and say that I am the owner of record of that
certain real property identified a		and that the information
provided in this application, incl	uding all submit	tals and attachments, is true and correct to the best of my knowledge.
Signature of Owner:		Date:
Please Print Name:		
STATE OF		I certify that I know or have satisfactory evidence that is the person
COUNTY OF) ss.)	who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.
		SUBSCRIBED AND SWORN TO before me this day of
		20
		NAME (print):
		NAME (sign):
		Notary Public in and for the State of
		Commission Expires:

Phone: (425) 775-5440