CITY OF	LAND US	E APPL	ICATION		
BRIER	File Name:				
E210 1902					
Receipt No.:	Receipt Date:		Received By:	Amount.:	\$
Instructions for Applicate Please read and follow all instru- your project, it is strongly recommo processing can advance in a time and all required items, and a notate	uctions on you nended that you ely manner. Eve	speak with stry application	aff prior to submitting must include this cove	your application to h	elp ensure that
Specific Type of Land Use App   Conditional Use Permit   Critical Areas Review   Environmental Review (SEPA)   Landscape Plan Review		-	n (Short Plat)	Variance Wireless Communic Other (please specif	-
Please Print or Type Legibly					
Site Address(es):					
Assessor Parcel Number(s) – (A	PNs):				
Zoning:			Comp. Plan Designati	on:	
Applicant:				Phone:	
Address:				Cell:	
City:	S	tate:	Zip:	Fax:	
E-Mail:					
Contact Person, if different:				Phone:	
Address:				Cell:	
City:	S	tate:	Zip:	Fax:	
E-Mail:					
Property Owner(s), if different:				Phone:	
Address:				Cell:	
City:	S	tate:	Zip:	Fax:	
	0		<i>Σ</i> ιρ.	1 0.	
E-Mail: Description of Proposal:					
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 nor	n-transferable.
Approval of an application does not in any way replace, modify or waive any re of the proposal with other applicable standards or regulations. It is the responsibil become aware of the requirements of the BMC. The approval of any plans does n of applicable codes have been met.	lity of the owner / applicant 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 entire reasonable hours.	ry to the project site during
Items with any typewritten information must be 10-point font or larger to ensure documents.	e legibility of scanned
It is the applicant's responsibility to request required inspections a <u>minimum</u> of advance at (425) 755-5440.	f twenty four (24) hours in
By submitting this application, I consent to pay any fees incurred for engineering	ng or outside consultant review.
	_
Signature of Owner/Agent:	Date:

Please Print Name:

FOR CITY USE ONLY			
Date	Action / Notes	Initials	

### 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: <u>http://snohomishcountywa.gov/278/Recording</u>.

For Staff Use ONLY

Waived

Verified

#### **REQUIRED SUBMITTALS**

- 1. Land Use Application Cover Sheet, with original signature(s) and Application Deposit: \$500.
- Two (2) copies of a map prepared by a Washington State-Licensed Surveyor, no larger than 18x24", containing the following information:
  - A. Date, scale, north arrow, and vicinity map;
  - B. 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;
  - H. 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 (2) copies of lot closures prepared by a Washington State-Licensed Surveyor.

# LOT LINE ADJUSTMENT



# For Staff Use ONLY Verified Waived

#### **REQUIRED SUBMITTALS**

- 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

PROPOSED CONVEYANCE						
Existing Parcel 1, constituted of	acres or	squar	e feet.		APN:	
Property Owner(s):			Parcel Address:			
Conveyor Reciever of	acres or	square fee	et from Parcel	of	acres or	square feet.
Existing Parcel 2, constituted of	acres or	squar	e feet.		APN:	
Property Owner(s):			Parcel Address:			
Conveyor Reciever of	acres or	square fee	et from Parcel	of	acres or	square feet.
Existing Parcel 3, constituted of	acres or	squar	e feet.		APN:	
Property Owner(s):			Parcel Address:			
Conveyor Reciever of	acres or	square fee	et from Parcel	of	acres or	square feet.
Existing Parcel 4, constituted of	acres or	squar	e feet.		APN:	
Property Owner(s):			Parcel Address:			
Conveyor 🗌 Reciever of	acres or	square fee	et from Parcel	of	acres or	square feet.
FOR CITY USE ONLY						
Date Action / Notes						
<u> </u>						

CITY OF	AFFIDAVIT OF OWNERSHIP	
BRIE ESTD 1965	R File No./Name:	
	Site Address:	
Property Owner:		
Contact Address:	Phone:	
express interest in addition	e interest in the subject property must complete this form. If the above property owner has a nal parcels involved in the listed project than there is space provided for below, those parcel egal descriptions must be provided on further copies of this form. Full legal descriptions may	l
Site Address:	APN:	
Legal Description:		
_		
 Site Address:	APN:	
Legal Description:		
_		
Site Address:	APN:	
Legal Description:		

## AFFIDAVIT OF OWNERSHIP – To Be Completed in the Presence of a Notary Public

I,	, being duly sworn, depose and say that I am the owner of record of that nish County Parcel Number(s)
certain real property identified as Snohor	lish County Parcel Number(s)
provided in this application, including all s	, and that the information, ubmittals 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:
2901 228th SW, Brier, WA 98036	Phone: (425) 775-5440 http://www.ci.brier.wa.us Page 1 of 1