

**Town of Coupeville**  
**PLANNING DEPARTMENT**  
 4 NE 7<sup>th</sup> Street, PO Box 725  
 Coupeville WA 98239  
 360-678-4461 x103  
[planner@townofcoupeville.org](mailto:planner@townofcoupeville.org)



## BOUNDARY LINE ADJUSTMENT (BLA) APPLICATION

**Applicability.** This application is used to adjust the location of boundary lines between contiguous, tracts, parcels, platted or unplatted lots or both. The BLA process applies if:

- No additional lots will be created. (After the adjustment, the same number of lots or less will exist.)
- Resulting lots are within one zone district, not split-zoned.
- Resulting lots contain sufficient area and dimensions to meet the minimum requirements for width and area for a building site.

Please use the checklists below and throughout this form to ensure you provide all the information required for the Town of Coupeville to review your proposal. The items listed in the following Checklist are the minimum requirements that must be provided and complete at the time you submit your application to the Town, or the application will not be accepted.

### CHECKLIST

Applicant Use	Application Requirements	Town Use
	<b>Completed Application Form (Part A and B)</b>	
	<b>Complete Applicant Authorization Form, if applicable</b>	
	<b>Signatures of all owners</b>	
	<b>A legible BLA map showing required elements</b>	
	<b>Existing Legal Description (per Recording requirements)</b>	
	<b>Proposed Legal Description of each revised lot or parcel</b>	
	<b>Signed Acknowledgments regarding Town codes and access</b>	
	<b>Original and three (3) copies, each set collated</b>	

**SUBMITTAL OF AN APPLICATION:**

To schedule a submittal appointment, call 360-678-4461 x103 or send an email to [planner@townofcoupeville.org](mailto:planner@townofcoupeville.org). *Note: If you are not able to attend an in-person appointment due to COVID-19 or other reasons, applications may be submitted by mail and email to [permits@townofcoupeville.org](mailto:permits@townofcoupeville.org). Please contact the Town to make arrangements.*

Must pay with check or cash; credit cards are not accepted. Checks can be dropped off or mailed to: Town of Coupeville, P.O. Box 725, Coupeville, WA 98239

## BOUNDARY LINE ADJUSTMENT(BLA)

FOR TOWN USE ONLY

### PART A

Application Number	Date Received	Fee Paid	Receipt
_____	_____	_____	_____

**Type or neatly print** all application information and provide the signatures in blue ink. **Please take your time to provide complete answers and all the information requested.** If you believe any portion is not applicable, explain why in the blank. Illegible and/or incomplete applications will not be accepted.

Collate this application together with all plans and necessary documentation outlined in this application, and submit the application package to the Town. Submit the original and **3 copies** of the collated application packages.

The Town may request additional application packages if additional reviewing agencies are required.

For your convenience, Town of Coupeville has included a standard recording form as Part B of this application. This form constitutes a **legal document**; therefore, **neatness, accuracy and legibility** are very important. **Note:** The first page requests information to meet the recording requirements of an abbreviated legal description. **Also, the first page of all recorded documents must have a 3" top margin and a 1" side margin; additional pages must have a 1" margin on all sides. Font size must be at least 8 point.**

The **Contact Person** is the agent or consultant for the application who will be the only party that receives correspondence) **Complete ALL of the following information:**

**CONTACT:**

Contact Person Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PROJECT:**

Project Address \_\_\_\_\_

Assessor Parcel Number(s) \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ 1/4 Section \_\_\_\_\_

Plat Name \_\_\_\_\_ **Zoning District** \_\_\_\_\_

TOWN USE ONLY

**Boundary Line Adjustment Application Information**

**Questions:**

**Section A**

Y	N	<b>Complete the Following</b>
		Lots involved in adjustment are adjoining. [# of lots _____]
		Lots are created legally. Date(s) parcels became legal lot(s) _____
		Lots are within same Zoning District.
		This action will create a split-zoned parcel. Size of Adjusted Lots: Parcels (sq. ft. or acres) A _____ B _____ C _____ D _____ E _____ F _____ G _____
		Adjusted lots meet minimum lot size and width requirements for respective Zoning District. * If <b>NO</b> – <b><u>STOP</u></b> – see <b>Section B-1</b>
		Structures on adjusted lots comply with setback standards. * If <b>NO</b> – <b><u>STOP</u></b> – see <b>Section B-2</b>
		Each lot has a legal means of access. * If <b>YES</b> – <b><u>STOP</u></b> – see <b>Section B-3a</b> . If <b>NO</b> – <b><u>STOP</u></b> – see <b>Section B-3b</b> .

**Section B**

1. One or more of the existing lots must be smaller than the current zone district requires. Explain how the adjustment would create greater conformity on balance:

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**Section B cont.**

2. Explain how the adjustment would create a setback(s) that more nearly conforms to the standards:

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3a. **YES** Provide documentation of legal means of access; include the Auditor File Number(s) for any recorded easements and Access Permit numbers for driveways.

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3b. **NO** If each lot does not have a means of legal access, a statement waiving the verification of legal access by the Town must be signed by all owners and attached to and recorded with the adjustment application.

**Section C**

**Checklist**

<b>Applicant Use</b>	<b>Application Requirement Checklist</b>	<b>Town Use</b>
	Original signature of every owner on the form, to be recorded.	
	Complete Applicant Authorization Form, if applicable.	
	<p>Legible map which includes the requirements below:</p> <p>The map shall be drawn to a standard engineering scale on paper no larger than 8.5” x 14”, with one (1) inch margin, on all sides for recording purposes. A blank map form is attached for your use. Where location of a feature or structure is required, a site-specific survey, by a registered land surveyor is encouraged, but not required.</p> <ul style="list-style-type: none"> <li>✓ Location, dimensions, and area of all proposed and existing lots               <ul style="list-style-type: none"> <li>• Identify existing property lines with a solid black line.</li> <li>• Identify proposed property lines with a dashed line.</li> </ul> </li> <li>✓ Section, Township, Range and Assessor parcel number for all lots.</li> <li>✓ North Arrow and Scale of Drawing.</li> <li>✓ Location, use and dimensions of existing structures and other improvements (such as driveway and utilities). Show setbacks of structures from proposed property lines. A before and after map drawn to the same scale may be appropriate depending on complexity</li> <li>✓ Location of drain fields and well sites.</li> <li>✓ Location of adjacent streets and easements with access to adjacent lot.</li> <li>✓ Location and dimensions of the significant natural features (Ravines, slopes, seasonal drainageways, soggy areas, ditches, lakes, shorelines)</li> <li>✓ Critical Areas. Show known protected species habitats, geologically hazardous areas, floodplains, aquifer recharge areas, streams, wetlands <b><u>as well as all of their associated buffers onsite or off-site when they may affect the proposal.</u></b> If the proposal is in an archaeological area, a report must be submitted that identifies resources and how they will be protected. For further guidance, refer to Chapter 16.34 of the Coupeville Town Code</li> <li>✓ Signature of person who prepared the map &amp; date of preparation.</li> </ul>	
	<b>Existing legal description of each lot or parcel,</b> (Provide a copy of the most recent recorded deed conveying title for the subject properties.)	
	<b>Proposed Legal Description of each revised Lot or Parcel</b>	
	If legal access is not proven and shown on the map, then a <b>Waiver of Verification of the Access</b> is provided and signed by all owners	
	<b>Acknowledgment</b> signed by all owners that compliance with all applicable Town codes contained in ICC Titles 8, 11, 13, and 17 will be required before any development of the modified parcels will be permitted	

I hereby certify I am the authorized agent (contact person) named above and that I have familiarized myself with the rules, regulations, and procedures with respect to preparing and filing this application. All statements, answers and information provided as part of this submittal are in all respects complete, true, and accurate to the best of my knowledge and belief. I understand that any incomplete and/or incorrect information provided in this submittal will cause a delay in the review process.

\_\_\_\_\_  
Agent’s Signature

\_\_\_\_\_  
Date

**TOWN USE ONLY**

**Approved by:** \_\_\_\_\_

**APPLICANT AUTHORIZATION FORM**

If you are authorizing an agent or contractor to apply for permit(s) on your behalf, you must complete this form, authorizing the designated agent, listed on the form, to apply on your behalf. This form requires notarization. This form is required for the protection of the landowner. A permit/application authorizing an agent to act on the landowner's behalf that is not accompanied by a signed and notarized Applicant Authorization Form, will not be accepted. **All original signatures must be in blue ink.**

I/We \_\_\_\_\_ the owner(s) of the subject property, understand that by completing this form,

I/We hereby authorize: \_\_\_\_\_ to act as my/our agent. I/We understand that said agent will be authorized to submit applications/permits on my behalf. I also understand that once a permit/application has been submitted, that all future correspondence may be directed to said agent.

**ALL PROPERTY OWNERS OF RECORD MUST SIGN THIS FORM**

<p align="center">1)</p> <p>_____</p> <p>Property Owner(s) Name(s) (print)</p> <p>_____</p> <p align="center">Signature(s)</p>	<p><b>State of Washington</b>            )</p> <p><b>Town of</b> _____)</p> <p>I certify that I know or have satisfactory evidence that</p> <p>_____</p>
<p align="center">2)</p> <p>_____</p> <p>Property Owner(s) Name(s) (print)</p> <p>_____</p> <p align="center">Signature(s)</p>	<p>Signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this instrument. Dated _____</p>
<p align="center">3)</p> <p>_____</p> <p>Property Owner(s) Name(s) (print)</p> <p>_____</p> <p align="center">Signature(s)</p>	<p>_____</p> <p>Signature of Notary Public</p> <p>_____</p> <p>Printed Name</p> <p>_____</p> <p>Residing at</p> <p>_____</p> <p>My appointment expires</p>

**RETURN ORIGINAL DOCUMENT TO:**

Name (print) \_\_\_\_\_  
 Street \_\_\_\_\_  
 City, ST, Zip \_\_\_\_\_

**BOUNDARY LINE ADJUSTMENT(BLA)**

**PART B**

**(To be recorded)**

Authorized Agent (Print Name) \_\_\_\_\_

<p><b>Parcel A</b></p> <p>_____</p> <p>Owner's Name</p> <p>_____</p> <p>Owner's name</p> <p>_____</p> <p>Mailing Address</p> <p>_____</p> <p>City, ST, Zip</p> <p>_____</p> <p>Phone _____ email _____</p>	<p>_____</p> <p>Assessor Parcel Number</p> <p>_____</p> <p>Plat Name or Short Plat Number, if applicable</p> <p>_____</p> <p>Block No.      Lot No.      Recorded Auditor's File No.</p> <p>_____</p> <p>Owner's Signature</p> <p>_____</p> <p>Owner's Signature</p>
<p><b>Parcel B</b></p> <p>_____</p> <p>Owner's Name</p> <p>_____</p> <p>Owner's name</p> <p>_____</p> <p>Mailing Address</p> <p>_____</p> <p>City, ST, Zip</p> <p>_____</p> <p>Phone _____ email _____</p>	<p>_____</p> <p>Assessor Parcel Number</p> <p>_____</p> <p>Plat Name or Short Plat Number, if applicable</p> <p>_____</p> <p>Block No.      Lot No.      Recorded Auditor's File No.</p> <p>_____</p> <p>Owner's Signature</p> <p>_____</p> <p>Owner's Signature</p>
<p><b>Parcel C</b></p> <p>_____</p> <p>Owner's Name</p> <p>_____</p> <p>Owner's name</p> <p>_____</p> <p>Mailing Address</p> <p>_____</p> <p>City, ST, Zip</p> <p>_____</p> <p>Phone _____ email _____</p>	<p>_____</p> <p>Assessor Parcel Number</p> <p>_____</p> <p>Plat Name or Short Plat Number, if applicable</p> <p>_____</p> <p>Block No.      Lot No.      Recorded Auditor's File No.</p> <p>_____</p> <p>Owner's Signature</p> <p>_____</p> <p>Owner's Signature</p>

Located in: \_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4 of Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_  
 Abbreviated Legal Description \_\_\_\_\_

**TOWN USE ONLY**





**ACKNOWLEDGEMENTS**

**WAIVER OF CRITICAL AREAS REVIEW BY TOWN**

**(IF evidence of critical areas is not provided, this part must be signed by all property owners)**

I/We hereby certify that I/we have elected to waive critical areas review by the Town and acknowledge any future alteration to a critical area or buffer, pursuant to Chapter 17.02A, Island Town Code, shall not be permitted unless the extent of the proposed alteration is less than any alteration that would be have been necessary prior to approval of this Boundary Line Adjustment. This condition is binding on future owners.

Parcel : \_\_\_\_\_  
 (e.g. A,B,etc)      Owner Name (print name) \_\_\_\_\_      Owner's Signature \_\_\_\_\_      Date \_\_\_\_\_

Parcel : \_\_\_\_\_  
 (e.g. A,B,etc)      Owner Name (print name) \_\_\_\_\_      Owner's Signature \_\_\_\_\_      Date \_\_\_\_\_

Parcel : \_\_\_\_\_  
 (e.g. A,B,etc)      Owner Name (print name) \_\_\_\_\_      Owner's Signature \_\_\_\_\_      Date \_\_\_\_\_

Parcel : \_\_\_\_\_  
 (e.g. A,B,etc)      Owner Name (print name) \_\_\_\_\_      Owner's Signature \_\_\_\_\_      Date \_\_\_\_\_

Parcel : \_\_\_\_\_  
 (e.g. A,B,etc)      Owner Name (print name) \_\_\_\_\_      Owner's Signature \_\_\_\_\_      Date \_\_\_\_\_

Parcel : \_\_\_\_\_  
 (e.g. A,B,etc)      Owner Name (print name) \_\_\_\_\_      Owner's Signature \_\_\_\_\_      Date \_\_\_\_\_

**ACKNOWLEDGEMENTS**

**WAIVER OF VERIFICATION OF ACCESS BY TOWN**

**(IF evidence of legal access is not provided, this part must be signed by all property owners)**

I/We hereby certify that I/we have waived the verification of legal means of access by the Town and acknowledge it may not have been provided for at this time.

Parcel : \_\_\_\_\_  
 (e.g. A,B,etc)      Owner Name (print name) \_\_\_\_\_      Owner's Signature \_\_\_\_\_      Date \_\_\_\_\_

Parcel : \_\_\_\_\_  
 (e.g. A,B,etc)      Owner Name (print name) \_\_\_\_\_      Owner's Signature \_\_\_\_\_      Date \_\_\_\_\_

Parcel : \_\_\_\_\_  
 (e.g. A,B,etc)      Owner Name (print name) \_\_\_\_\_      Owner's Signature \_\_\_\_\_      Date \_\_\_\_\_

Parcel : \_\_\_\_\_  
 (e.g. A,B,etc)      Owner Name (print name) \_\_\_\_\_      Owner's Signature \_\_\_\_\_      Date \_\_\_\_\_

Parcel : \_\_\_\_\_  
 (e.g. A,B,etc)      Owner Name (print name) \_\_\_\_\_      Owner's Signature \_\_\_\_\_      Date \_\_\_\_\_

Parcel : \_\_\_\_\_  
 (e.g. A,B,etc)      Owner Name (print name) \_\_\_\_\_      Owner's Signature \_\_\_\_\_      Date \_\_\_\_\_

**TOWN USE ONLY**

**ACKNOWLEDGEMENTS Cont.**

**FUTURE COMPLIANCE WITH TOWN CODE**

**(This part must be signed by all property owners)**

I/We acknowledge that Island Town does not determine that the reconfigured lots are useable or buildable during the review of this Boundary Line Adjustment, and that compliance with all applicable Town Codes, including those contained in Titles 8 (Health, Welfare and Sanitation), 11 (Land Development Standards), 13 (Public Works), and 17 (Island Town Critical Areas and Zoning Ordinance) will be required before any development of the modified lots is permitted or before any permits are issued by Island Town.

Parcel : \_\_\_\_\_  
 (e.g. A,B,etc)      Owner Name (print name) \_\_\_\_\_      Owner's Signature \_\_\_\_\_      Date \_\_\_\_\_

Parcel : \_\_\_\_\_  
 (e.g. A,B,etc)      Owner Name (print name) \_\_\_\_\_      Owner's Signature \_\_\_\_\_      Date \_\_\_\_\_

Parcel : \_\_\_\_\_  
 (e.g. A,B,etc)      Owner Name (print name) \_\_\_\_\_      Owner's Signature \_\_\_\_\_      Date \_\_\_\_\_

Parcel : \_\_\_\_\_  
 (e.g. A,B,etc)      Owner Name (print name) \_\_\_\_\_      Owner's Signature \_\_\_\_\_      Date \_\_\_\_\_

Parcel : \_\_\_\_\_  
 (e.g. A,B,etc)      Owner Name (print name) \_\_\_\_\_      Owner's Signature \_\_\_\_\_      Date \_\_\_\_\_

Parcel : \_\_\_\_\_  
 (e.g. A,B,etc)      Owner Name (print name) \_\_\_\_\_      Owner's Signature \_\_\_\_\_      Date \_\_\_\_\_

**FOR TOWN USE ONLY**

\_\_\_\_\_ Legal means of access has been waived by the Applicant(s)      See page# \_\_\_\_\_ of BLA.

\_\_\_\_\_ Critical Area Review By town has been waived by the Applicant(s).

**MAP**

(Maps drawn in pencil or taped on will not be accepted)

**Map - Continued**

This map is not a formal survey.

Before development will be permitted, compliance with all applicable Town Codes shall be required. This includes health, land development standards and zoning regulations.

Scale: 1" = \_\_\_\_\_ feet (standard engineering scale)

\_\_\_\_\_ Existing Boundary Line Drawn by: \_\_\_\_\_ Date: \_\_\_\_\_

----- Proposed Boundary Line Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Parcel	Current Area acre/sq.ft.	Range acre/sq.ft.
A		
B		
C		
D		
E		
F		
G		

**Applicants Signature**

Parcel	Owner	Date	Owner	Date
A				
B				
C				
D				
E				
F				
G				

**LEGAL DESCRIPTION of EXISTING PARCELS**

Attach additional pages as needed and note on first page of application (For Recording purposes)

**NOTE: All additional pages must have a one (1) inch margin on all sides for recording purposes**

**LEGAL DESCRIPTION of PROPOSED PARCELS**

Attach additional pages as needed

**NOTE: All additional pages must have a one (1) inch margin on all sides for recording purposes**