

CITY OF CLARKSTON
BOUNDARY LINE ADJUSTMENT

Applicant Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Property Owner Name (if
different): _____

Address: _____

Legal Description of Property : _____ Current Zoning: _____

The City may approve a boundary line adjustment subject to the provisions of Clarkston Municipal
Code Section 17.17.040.

ATTACHMENTS:

- 1. LEGAL DESCRIPTION: Attach a legal description of the existing and proposed lot, tract, parcel
or building site.
2. VICINITY MAP: Please attach a vicinity map, drawn to scale, which shows the location of the
proposed amendment.
3. PROOF OF OWNERSHIP: Please attach a copy of the property deed or sales contract.
4. PROPOSED BOUNDARY LINE ADJUSTMENT/SURVEY MAP: Attach a map of the proposed
change.

The Applicant will be notified in writing within 30 days of receipt of the completed application whether the
application approved or disapproved.

The Applicant does hereby certify that all of the above statements and information in any attachments
transmitted herewith are true under penalty of perjury by the Laws of the State of Washington.

Signature (Applicant): _____ Date: _____

Signature (Landowner, if different): _____ Date: _____

FOR OFFICE USE ONLY

Case No: _____ Date Rec'd: _____ Rec'd By: _____

Planning Dept. Approval: _____ Date: _____