A Boundary Line Adjustment (BLA) is a change in boundaries between two (2) or more legal lots resulting in the same numbers of lots or less. The process must not create any parcel, tract, lot, site, or division, which contains insufficient area and dimension to meet minimum requirements for width and area for a building site. A BLA may be the resolution or remedy for various situations, such as boundary line disputes or enlargement of a parcel to enhance a buildable area. **Send complete application packet with fees to Mason County Permit Center, P.O. Box 186, Shelton, WA 98584.**

**PROCESS:**

1. **Application:** Complete the application. Please answer all questions as thoroughly as possible.

2. **Declaration:** Complete the Declaration (all legal descriptions must be certified by a Title Company or registered land surveyor). The Declaration of Boundary Line Adjustment must have the notarized signature of all owners of properties involved. All pages of the document, including the map (#3) must have a Department of Community Development Planning Division acceptance block. Please submit the original Declaration and one additional copy.

3. **Map:** A new map of the affected parcels must be submitted, **drawn to scale** tying involved lot corners to section corners, quarter corners, or if applicable to the road center line monument. The map must also show all structures, wells and septic fields. Paper size must be a minimum of 8-1/2" by 11" but not exceed 8-1/2" by 14". A 24" by 18" survey map may also be recorded, at extra cost, in conjunction with a BLA. You may draw the map, providing it is prepared in a neat, legible manner, or have the Title Company or surveyor do it for you.

4. **Tract Book Ownership Report:** A current (issued within 90-days of submittal) Tract Book Ownership Report obtained from a Title Company must accompany all BLA's at the time of application. This must show the legal descriptions for each lot involved in the BLA.

5. **Site Inspection:** Excluding cases where entire parcels are being combined or lot lines are being adjusted the minimum amount necessary to resolve an encroachment; a site inspection on undeveloped lots will be required ($255) before a BLA can be approved. Environmental reviews will add additional time and expense to the BLA process, but should prevent property owners from inadvertently rendering their property unbuildable due critical/resource area setbacks.

6. **Fees:** The Planning Review Fee is $285 (2 resulting lots) plus $37 per additional lot (check made payable to Mason County Treasurer) along with a $40.00 GIS fee. When your application is approved, a staff member will take the document to the Mason County Auditor’s office for recording. The recording fee of $128.00 (check made payable to Mason County Auditor) is due at the time of recording (if accompanied by a survey map include an additional $72.00, plus $1.00 per page). After the documents (map, coversheet, application, and declaration) have been recorded, copies will be sent to the applicant (property owners). Please note that property taxes currently due must be paid before the BLA can be recorded.

7. The property owners must have their own arrangements as to compensation or other consideration for the exchange of property ownership. The recorded BLA only sets for the new legal description and lot lines; **It does not convey the property.**

8. After the BLA has been approved and recorded at the Auditor’s office, Deeds of Conveyance may be recorded. The deeds must reflect the approval of the BLA using the assigned BLA number and the Auditor’s file number.
ALL INFORMATION PERTAINING TO THE APPLICATION, EXCEPT THE RECORDING FEE, ARE DUE AT THE TIME OF SUBMITTAL. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE RESPONSIBLE PARTY.

MASON COUNTY
BOUNDARY LINE ADJUSTMENT CHECKLIST

In order for the Planning Department to process your Boundary Line Adjustment quickly, we ask that you double-check your finished application to ensure to that it is complete and free of errors.

1. APPLICATION
   ___ Make sure that all questions are answered.
   ___ Make sure that your 12-digit parcel number is correct.
   ___ Make sure that the proper signatures are in place.
   ___ Be sure that your application is signed and sealed by a notary public.
   ___ Be sure that the resulting area of each parcel is included.
   ___ Be sure that resulting lot sizes are shown.

2. TRACT BOOK OWNERSHIP (TBO)
   ___ Be sure that the taxes are paid for entire current year.
   ___ Be sure TBO is signed by Title Company (Must be original TBO. TBO must show easement to property or other form of ingress/egress).

3. DECLARATION
   ___ Make sure information is complete.
   ___ Make sure Volume and Page numbers are correct.
   ___ Make sure legal descriptions are complete and correct.
   ___ Make sure each page contains Acceptance Blocks.
   ___ Be sure Declaration is signed and sealed by notary public.
   ___ Submit the original and a copy.

4. MAP
   ___ North Arrow
   ___ Scale
   ___ Owners Name and Address
   ___ 12-digit Parcel Numbers
   ___ Abbreviated Legal Description
   ___ Be sure all bearings and distances called out on your Declaration are shown on map.
   ___ Show all structures, wells, and drainfields.
   ___ Submit the original and a copy.

5. FEES
   ___ BLA review fee is $285 (+) to be paid when you submit your application.
   ___ Recording fee is $128, or $128 plus $72 and $1.00 per page - if a survey map is recorded simultaneously (due when ready to be recorded – checks made payable to Mason County Auditor). You will be contacted for this recording fee when the BLA review is complete, and it is ready to be recorded.

6. TAXES
   ___ The property taxes must be paid before the BLA can be recorded.

If applications are not complete and correct, they will be returned to the applicant, or their agent, which delays the final acceptance of your application.
MASON COUNTY APPLICATION FOR
BOUNDARY LINE ADJUSTMENT

USE BLACK INK ONLY

APPLICANT
Name: ____________________________________________
Address: __________________________________________
Telephone: ____________________________

home          work

APPLICANT: Owner of parcel___  Purchaser of parcel___  Representative___

OWNER (if other than applicant)
Name: ____________________________________________
Address: __________________________________________
Telephone: ____________________________

Email: ____________________________________________

SURVEYOR
Name: ____________________________________________
Address: __________________________________________
Telephone: ____________________________

Email: ____________________________________________

12 DIGIT PARCEL

Area of Original Lot
(excluding tidelands)

<table>
<thead>
<tr>
<th>12 DIGIT</th>
<th>Area of Original Lot</th>
<th>Area of Resulting Lot</th>
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</thead>
<tbody>
<tr>
<td>_<strong><strong><strong><strong>-</strong><strong>-</strong></strong></strong></strong></td>
<td>_______acre / sq ft</td>
<td>_______acre / sq ft</td>
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<td>_______acre / sq ft</td>
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<td><em><strong><strong><strong>-</strong></strong>-</strong></em>_____</td>
<td>_______acre / sq ft</td>
<td>_______acre / sq ft</td>
</tr>
</tbody>
</table>

ADDRESS OF SITE/DIRECTIONS

______________

TYPE OF ON-SITE STRUCTURES (give lot numbers):

(Show location and label each structure on map.)

SPECIAL AREAS OF YOUR PROJECT SITE (Show checked areas on map):

__CLIFF/STEEP SLOPE
__DRAW/GULLEY
__WETLAND/SWAMP/BOG
__SALT WATER          (name of waterbody)
__CREEK/STREAM        (name of creek/stream)
__FRESH WATER         (name of fresh waterbody)
__RIVER               (name of river)
__LAKE/POND           (name of lake/pond)
__NONE OF ABOVE

HAS ANY PORTION OF YOUR PROJECT SITE EVER FLOODED? (Show area on map.)

NO _____ DO NOT KNOW _____  YES _____ If yes, when? ____________
NOTE: The owner(s) whose signatures appear below certify that they are the legal owner’s of the property encompassed by this Boundary Line Adjustment and approve of the Boundary Line Adjustment of their property.

______________________________  ____________________________
(signature)                                  (signature)

STATE OF WASHINGTON  )
COUNTY OF MASON     )

ON THIS DAY personally appeared before me to me known to be the individual described in and who executed the within and foregoing instrument acknowledge that _______ signed the same as ______ free and voluntary act. GIVEN under my hand and official seal this ___ day of _____________, 20______.

Notary Seal:

GIVEN under my hand and official seal this ___ day of _____________, 20______.

NOTARY PUBLIC in and for the State of Washington, residing at

______________________________

STATE OF WASHINGTON  )
COUNTY OF MASON     )

ON THIS DAY personally appeared before me to me known to be the individual described in and who executed the within and foregoing instrument acknowledge that _______ signed the same as ______ free and voluntary act. GIVEN under my hand and official seal this ___ day of _____________, 20______.

Seal:

GIVEN under my hand and official seal this ___ day of _____________, 20______.

NOTARY PUBLIC in and for the State of Washington, residing at

______________________________
DECLARATION OF BOUNDARY LINE ADJUSTMENT

A division made for the purpose of adjusting boundary lines, which does not create any additional lot, tract, parcel, site, or division nor create any lot, tract, parcel, site, or division, which contains insufficient area, and dimension to meet minimum requirements for width and area.

PLEASE NOTE! THIS DOCUMENT DOES NOT CONVEY TITLE

THIS DECLARATION MADE THIS ______ day of ____________, 20____ by ________________________________________, and the real property legally described hereinafter as “PARCEL (1)” 2ND by ______________________________, his wife, “Declarant(s) as owners of the real property legally described hereinafter as “PARCEL (2)” who wish to adjust the common property line between said “PARCEL (1)” and “PARCEL (2)” without creating any additional lot, tract, or site. The land described as “PARCEL (3)” shall become a permanent part of an appurtenant to land described as “PARCEL (2)” and together shall not be further subdivided without prior written permission of the Director of Community Development of Mason County.

“PARCEL (1)” (Assessor’s Parcel No. __________________________) is legally described as:

“PARCEL (2)” (Assessor’s Parcel No. __________________________) is legally described as:

“PARCEL (3)” to be transferred from Parcel No. __________________________ to Parcel No. __________________________ is legally described as:

BLA# __________

DATE APPROVED __________

__________________________
Director of Community Development
“PARCEL (4)”  (Applicable only when an exchange is involved.) Parcel to be transferred from PARCEL ________ to PARCEL ________ is legally described as:

“PARCEL (5)” Subsequent to this transaction, the resulting single lot “PARCEL (1)”, shall be described as:

“PARCEL (6)” Subsequent to this transaction, the resulting single lot “PARCEL (2), shall be described as:

I (Title Company Official or Surveyor) hereby certify that the land descriptions of this Boundary Line Adjustment are the full and correct descriptions.

_____________________________  ______________________________
Name                                  Signature

BLA# __________________________
DATE APPROVED _____________

_____________________________
Director of Community Development
Declarant(s)/ Owners of original parcel:

<table>
<thead>
<tr>
<th>NAME</th>
<th>MAILING ADDRESS</th>
<th>CITY/ZIP CODE</th>
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IN WITNESS WHEREOF, the parties hereto have executed this instrument as of the date first above written.

DECLARANTS (signatures)

__________________________
__________________________
__________________________

STATE OF WASHINGTON )
:SS
COUNTY OF MASON )

ON THIS DAY personally appeared before me ______________________________
To me known to be the individual(s) described in and who executed the within and foregoing Declaration and acknowledge that _______________________ signed the same as _______________________ free and voluntary act.

GIVEN under my hand and official seal this ____day of _________________, 20___.

__________________________
(signature)

NOTARY PUBLIC in and for the State of Washington, residing at _______________________.

BLA# ________________

DATE APPROVED ________________

__________________________
Director of Community Development
BOUNDARY LINE ADJUSTMENT MAP

<table>
<thead>
<tr>
<th>SCALE:</th>
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</table>

| Owner Name/Address: | Abbreviated Legal Description: |

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<tr>
<th>BLA#</th>
<th>Parcel #’s:</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>DATE APPROVED</th>
</tr>
</thead>
</table>

________________________
Director of Community Development
BOUNDARY LINE ADJUSTMENT MAP

DATE APPROVED: ______________________

Director of Community Development
LAND SEGREGATIONS REQUIRING
GROUP B PUBLIC WATER SYSTEMS

Purpose

When land segregation is conditioned upon connection to a new Group B public water system, assurance is needed that the system will be installed in a timely manner. The Environmental Health Division, of Mason County Public Health, requires that the system be fully installed and approved prior to approval of the land segregation.

Process

1. Obtain a well site inspection.
   A well site inspection is needed to assure that an adequate location is identified for the source of water planned to serve the development. Apply for this inspection with the Environmental Health Division. In order for staff to make a valid evaluation of the well site, it is imperative that the application form is fully completed to include a detailed plot plan. Failure to submit a complete application may result in delay of your project. If setback requirements cannot be met, Environmental Health staff will work with the applicant to determine if a waiver is an option. Once the site is approved, you may drill the well with appropriate permits.

2. Secure a 100-foot protective well radius through the appropriate covenants.

3. Choose a water system designer.
   A certified water system designer will be able to design your water system. You may choose any designer certified by Thurston, Mason or Kitsap Counties. You may also utilize the services of a Professional Engineer licensed by the State of Washington.

4. Submit Design for Review.
   Environmental Health staff will review your design and will accept or reject the design. You will be notified of the decision by mail.

5. Install your water system.
   Once the design is accepted, you may install your water system. Once installed, your designer will submit a Certificate of Installation and Inspection. At that time, you will contact the Environmental Health staff for a final inspection. Once approved, staff will sign off the drinking water portion of your land segregation.

Environmental Health Fees

- Application for well site inspection $125.00
- Plan Review:
  - Public 2 connections $175.00
  - 3 – 14 connections $350.00
  - Existing system $200.00
  - Re-submittal $100.00
- Well construction permit $50.00

For additional information about public water systems, contact Arlene Hyatt at extension 293 or visit our web site at: http://www.co.mason.wa.us/envhealth/water/index.php

Revised 01/05/2007
MASON COUNTY
PLANNING DEPT. PRE-INSPECTION APPLICATION

PLEASE PRINT

$255.00 Fee Required

1. Site Address: ________________________________

   Owner: ____________________________
   Owner Address: ____________________________
   City: ___________ St ____ Zip _______
   Phone: (____)_________ day
   Phone: (____)_________ evening
   Email Address: ____________________________

   Applicant: ____________________________
   Applicant Address: ____________________________
   City: ___________ St ____ Zip _______
   Phone: (____)_________ day
   Phone: (____)_________ evening
   Email Address: ____________________________

2. Parcel #'s ____________-________-____________  ,       ____________-________-____________

   Legal Description: ________________________________

3. Purpose of Pre-Inspection: ________________________________

4. Use of building: ________________________________

5. Do any of the following exist on or adjacent to property?:

   slope ( )     saltwater ( )     lake ( )     river ( )
   pond ( )     wetland ( )     seasonal runoff ( )     other ( )
   stream ( )     seasonal creek ( )

Directions to Site: ________________________________

________________________________________________________________________

________________________________________________________________________

If the information is incomplete, then Mason County must disclaim any errors resulting from deficiencies in the original
application. Pre-inspection reports remain valid only until development changes occur in the vicinity, which affect the lot
evaluated in this inspection, or the laws regulating development of the site change after the time of inspection.

Applicant Signature: ____________________________ Date: ____________________________

If you would like to be on site during inspection, please check here: ( )

Return application to: Department of Community Development, Planning Division
P.O. Box 279
Shelton, WA 98584

Please include a $255.00 check or money order payable to Mason County Treasurer.

MORE ON BACK SIDE

C:\Users\blr.MASON\Desktop\2014 Pre-Inspection.doc
Please illustrate below the proposed building site in relation to critical areas (slopes, streams, lakes, wetlands, etc.) existing improvements, as well as property lines. **APPLICATIONS SUBMITTED WITHOUT ADEQUATE ILLUSTRATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO THE APPLICANT.**

Departmental Review
(For Office Use Only)

Planning Department Findings:

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________
Please print neatly or type information

DOCUMENT TITLE(S)

REFERENCE NUMBER(S) OF RELATED DOCUMENTS

GRANTOR(S) (Last, first and middle initial)

GRANTEE(S) (Last, first and middle initial)

Public

LEGAL DESCRIPTION (Abbr. form: quarter/quarter, section, township & range, plat, lot & block)

PARCEL NUMBER(S)

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.