



City of Raymond

WASHINGTON

230 2nd Street, Raymond, Washington 98577
360.942.4100, www.cityofraymond.com

BOUNDARY LINE ADJUSTMENT APPLICATION

OFFICIAL USE ONLY

PERMIT FEES: \$550.00
DATE RECEIVED:

PERMIT NO: _____
DATE ISSUED: _____

APPLICANT/CONTACT INFORMATION

NAME:
MAILING ADDRESS:
CITY, STATE, ZIP:
PHONE:

WHAT IS THE LEGAL RELATIONSHIP THAT ENTITLES YOU TO APPLY ON BEHALF OF THE OWNER (IF DIFFERENT)?

PARCEL DETAILS & OWNER INFORMATION - PARCEL 1

PARCEL NUMBER(S):

WHAT IS THE CURRENT USE OF THE PROPERTY?

OWNER NAME:	PHONE:
MAILING ADDRESS:	PHYSICAL ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:

PARCEL DETAILS & OWNER INFORMATION - PARCEL 2

PARCEL NUMBER(S):

WHAT IS THE CURRENT USE OF THE PROPERTY?

OWNER NAME:	PHONE:
MAILING ADDRESS:	PHYSICAL ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:

PARCEL DETAILS & OWNER INFORMATION - PARCEL 3

PARCEL NUMBER(S):

WHAT IS THE CURRENT USE OF THE PROPERTY?

OWNER NAME:	PHONE:
MAILING ADDRESS:	PHYSICAL ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:

***A SURVEYOR'S MAP IS REQUIRED TO BE ATTACHED. PLEASE SHOW THE EXISTING & PROPOSED BOUNDARIES OF ALL PROPERTIES INVOLVED.
--IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE PAGE--**

I (WE) GRANT THE APPLICANT PERMISSION TO USE MY(OUR) PROPERTY IN THE MANNER DESCRIBED IN THIS APPLICATION.

Owner's Signature: _____ Date: _____
Owner's Signature: _____ Date: _____
Owner's Signature: _____ Date: _____
Applicant Signature: _____ Date: _____

*We, the above signatories attest under penalty of perjury that the information in this application is true and accurate.
We also understand that it is our responsibility to understand and comply with all applicable federal, state, and local regulations.*