



**City of Bremerton**

**Department of Community Development**

Mailing Address 345 - 6<sup>th</sup> Street, Suite 100, Bremerton, WA 98337

Physical Address 345 - 6<sup>th</sup> Street, 6<sup>th</sup> Floor, Bremerton, WA 98337

Phone: (360) 473-5275; Fax: (360) 473-5278

Website: [www.ci.bremerton.wa.us](http://www.ci.bremerton.wa.us)

Apply: [permits.bremertonwa.gov](http://permits.bremertonwa.gov)

## Boundary Line Adjustment Application

**DCD Fees:** All fees must accompany this application. These fees are non-refundable and subject to change. Make checks payable to the City of Bremerton. Fees can be found at [www.BremertonWA.gov/RatesFees](http://www.BremertonWA.gov/RatesFees).

Bremerton Municipal Code (BMC) Section 20.12.175 regulates boundary line adjustments, lot consolidations, and other lot modifications. Please note, in addition to this form, all submittal requirements per BMC 20.12.175(c) are required at the time of application.

1. **Assessor Tax Account Numbers:** Please fill out the table on page 3. If parcels are being consolidated please put the total proposed size under the first parcel and N/A under other parcels in the consolidation.

2. **Applicant:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: Work: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

3. **Contact Person (if different than applicant):**

NAME: \_\_\_\_\_

RELATION OR ROLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: Work: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

4. **Title Holder(s) (if different than applicant):** If there are more than two (2) title holders, please create a list with the following information on a separate page.

**Property Owner of Parcel(s)** \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: Work: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

**Property Owner of Parcel(s)** \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: Work: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

**5. Properties to be adjusted:**

Are all parcels the same zoning? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are any parcels being consolidated? \_\_\_\_\_ Yes \_\_\_\_\_ No

**6. Previous divisions of land:**

a. Have any of the parcels been part of a subdivision in the past five (5) years? \_\_\_\_\_

b. If yes, which parcels? \_\_\_\_\_

**7. Forest Management:**

a. Have any of the properties been logged in the past six (6) years? \_\_\_\_\_

b. Forest Practices Application No: \_\_\_\_\_

**Applicant's Statement:**

I hereby certify that the statements contained herein are correct. I understand that conditions of approval may be required to adequately mitigate effects related to the proposed development, and I agree to abide by those conditions.

I understand that the decision on this application may be appealed and possibly overturned. I also understand that an approved Site Plan is subject to review and could be terminated for violating the terms or limitations.

I have read, understand, and agree with all the above statements.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

*Note: The City of Bremerton does not discriminate based on race, color, national origin, religion, sex, age, sexual orientation, genetic information, marital or veteran status, or the presence of any disability, in the provision of services.*

