



CITY OF TUMWATER
 555 ISRAEL RD. SW, TUMWATER, WA 98501
 Email: cdd@ci.tumwater.wa.us
 (360) 754-4180

**BOUNDARY LINE ADJUSTMENT
 Application**

TUM -	DATE STAMP
RCVD BY	

Application fee: \$450.00

SUBJECT PROPERTY

ADDRESS OF PROPERTY (COMPLETE): _____

PARCEL NUMBER(S): _____

APPLICANT *(please print neatly)*

NAME OF APPLICANT: _____

APPLICANT'S MAILING ADDRESS (COMPLETE): _____

APPLICANT'S TELEPHONE(S): _____

APPLICANT'S E-MAIL: _____

PROJECT REPRESENTATIVE

NAME OF PROJECT REPRESENTATIVE: _____

REPRESENTATIVE'S MAILING ADDRESS (COMPLETE): _____

REPRESENTATIVE'S TELEPHONE(S): _____

REPRESENTATIVE'S E-MAIL: _____

PROPERTY OWNER(S)

NAME OF PROPERTY OWNER: _____

OWNER'S MAILING ADDRESS (COMPLETE): _____

OWNER'S TELEPHONE(S): _____

OWNER'S E-MAIL: _____

NAME OF PROPERTY OWNER: _____

OWNER'S MAILING ADDRESS (COMPLETE): _____

OWNER'S TELEPHONE(S): _____

OWNER'S E-MAIL: _____

PROJECT DESCRIPTION *(attach additional sheets and documentation, as needed)*

I affirm that all answers, statements, and information submitted with this application are correct and accurate to the best of my knowledge. I also affirm that I am the owner of the subject site or am duly authorized by the owner to act with respect to this application. Further, I grant permission to any and all employees and representatives of the City of Tumwater and other governmental agencies to enter upon and inspect said property as reasonably necessary to process this application. I agree to pay all fees of the City that apply to this application.

 Signature of Applicant/Representative

 Date

Please attach the **Boundary Line Adjustment submittal checklist** to this Application.