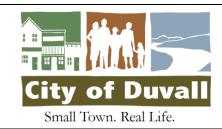
Received Stamp



Planning Department
15535 Main St. NE
PO Box 1300
Duvall, WA 98019
(425) 788-2779
FAX (425) 788-8097
www.duvallwa.gov

Lot Line Elimination Certificate

This form must be completed (clearly printed or typed) and submitted to the City to file an application for a Lot Line Elimination. Additionally, the applicant shall provide all information as required by the Planning Director and shall pay the appropriate fee. (see attached Fee Schedule). For questions, please contact the Planning Department at (425) 788-2779.

FOR STAFF USE ONLY				
File No.:	Received By:		Date Received:	
Property Owner Name(s):				
Phone # ()				
Assessor / Tax Parcel Numbers to be	consolidated:			
Number of Lots Existing:	Number of Lots		Proposed (after elimination):	
Describe lot line elimination, including reasons for such elimination:				
A. Required Documents The following information me	ust be submitted with	this application.		
The Lot Line Eliminatio				
2 A drawing showing the		a proposed lot line	00	

B. Agreement

The property owner (s) agree as follows:

- 1. I/we have legal title to all lots affected by this Lot Line Elimination.
- 2. The Lot Line Elimination will permanently consolidate the said lots.
- 3. Future subdivision of lots will require compliance with all provisions of the Duvall Municipal Code.
- 4. I/we agree to record this Lot Line Elimination Certificate with the King County Assessor's Office prior to issuance of a building permit for any of said lots.

A Title Insurance Report or Short Plat Certificate obtained no more than 90 days prior to submitting the boundary line adjustment confirming that the title of the lands as described and shown on said plat in the name of all the owners of all affected parcels to be consolidated by the Lot Line Elimination Certificate.

OWNER NOTARY

I, the undersigned, state that to the best of my knowledge the above information is true and complete. It is understood that the City of Duvall may nullify any decision made in reliance upon information given on this application form should there by any willful omission of significant information or any misrepresentation or willful lack of full disclosure on my part.

Applicant's Signature			
STATE OF WASHINGTON } COUNTY OF KING } SS			
On thisday of Washington, duly commissioned and sindividual described in and who executed in a signed the sact and deed, for the uses and purpossaid instrument.	sworn, personally appeared ted the within and foregoing instrun ame as free	ment, and acknowledged that earnly and voluntary	the
WITNESS MY HAND AND OFFICIAL	SEAL THIS day of	, 20	
	Notary Public in and for the State residing at		

Notary Seal Affixed Here