

Received Stamp		Planning Department 15535 Main St. NE PO Box 1300 Duvall, WA 98019 (425) 788-2779 FAX (425) 788-8097 www.duvallwa.gov
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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:
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Property Owner Name(s): Phone # ()

Assessor / Tax Parcel Numbers to be consolidated:

Number of Lots Existing:	Number of Lots Proposed (after elimination):
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Describe lot line elimination, including reasons for such elimination:
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<p>A. <u>Required Documents</u> The following information must be submitted with this application.</p> <ol style="list-style-type: none"> 1. The Lot Line Elimination permit fee. 2. A drawing showing the existing lot lines and the proposed lot lines. 3. 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.

<p>B. <u>Agreement</u> The property owner (s) agree as follows:</p> <ol style="list-style-type: none"> 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.

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 be 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 this ____ day of _____, 20__, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that _____ signed the same as _____ free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL THIS _____ day of _____, 20__.

Notary Public in and for the State of Washington
residing at _____

Notary Seal Affixed Here