

Return Address:

City of Granite Falls  
206 South Granite Avenue / P.O. Box 1440  
Granite Falls, Washington 98252

**AFFIDAVIT OF BOUNDARY LINE ADJUSTMENT**

DATE STAMP

FILE NO. \_\_\_\_\_

SEC \_\_\_\_\_ TWP \_\_\_\_\_ RNG \_\_\_\_\_

Related Subdivision \_\_\_\_\_

Zoning \_\_\_\_\_

Received by \_\_\_\_\_

UNDER 19.5.020 UDC)  
STATE OF WASHINGTON)  
COUNTY OF SNOHOMISH)

Name of **Conveyor(s)** : \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (W) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**Property Tax Account Number:** \_\_\_\_\_

(H) \_\_\_\_\_

Name of **Receiver(s)** : \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (W) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**Property Tax Account Number:** \_\_\_\_\_

(H) \_\_\_\_\_

**Contact Person** (if different than owners): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (W) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**Method of Sewage Disposal:** \_\_\_\_\_

(H) \_\_\_\_\_

# VICINITY MAP

Include North  
arrow and scale

(May be submitted on  
separate sheet)

(NOT AN INSTRUMENT TO CONVEY NOR OF CONVEYANCE)

1. **Current Ownership.** The undersigned are the respective owners of the following legally described parcels of property lying adjacent to each other (use additional pages if necessary or reference to "see attached"):

a. Parcel No. 1 (Conveyor): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

constituting approximately \_\_\_\_\_ acres or \_\_\_\_\_ square feet.

b. Parcel No. 2 (Receiver): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

constituting approximately \_\_\_\_\_ acres or \_\_\_\_\_ square feet.

2. **Proposed Conveyance.** The undersigned are considering the transfer of ownership of the following portion of the above described conveyor's ownership to the receiver:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

constituting approximately \_\_\_\_\_ acres or \_\_\_\_\_ square feet.

(For additional conveyances, attach separate sheet.)

3. **Boundary Line Adjustment.** It is the intent of the undersigned that the proposed conveyance would constitute a boundary line adjustment. Accordingly, it is represented and understood by the undersigned that:

a. The proposed conveyance would not detrimentally affect access to the preceding parcels;

b. Each resulting lot has an accessible building area as defined by the City of Granite Falls Unified Development Code (UDC) 19.5.020(F) unless a building area does not exist on the original lot(s). This requirement shall not apply to lots that are zoned commercial or industrial.;

c. City approval of this boundary line adjustment does not guarantee or imply that the subject property may be developed or subdivided, and that boundary line adjustment approval may not be grounds for approval of subsequent modification or variance requests;

d. No new lot would be created by the proposed conveyance, but rather the conveyed property together with the receiver's existing ownership, described on the preceding page would constitute a single lot and be described as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

constituting approximately \_\_\_\_\_ acres or \_\_\_\_\_ square feet.

e. The conveyer's ownership after the proposed conveyance would not be reduced in size below the minimum required square footage nor would it violate other UDC requirements. The conveyer's ownership would now be described as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

constituting approximately \_\_\_\_\_ acres or \_\_\_\_\_ square feet.

**4. Signatures.** The signatures below are of the **owner(s)** of the property pursuant to 19.4.060(A)(2) and must be signed in the presence of a notary public. Use the attached acknowledgement(s) as necessary.

(NOT AN INSTRUMENT TO CONVEY NOR OF CONVEYANCE)

Conveyor: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
(Typed or Printed)

Conveyor: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
(Typed or Printed)

Receiver: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
(Typed or Printed)

Receiver: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
(Typed or Printed)

**DETERMINATION**

On the basis of the representations hereby submitted, I conclude that the proposed Boundary Line Adjustment is consistent with applicable city plans and development regulations, as specified in the City of Granite Falls UDC 19.5.020(F) and that the proposed Boundary Line Adjustment is approved under the provisions of Chapter 19.5, City of Granite Falls UDC.

Name \_\_\_\_\_ Date \_\_\_\_\_  
for the Designated Official



