



CITY OF CHELAN

BLA No. _____

BOUNDARY LINE ADJUSTMENT REVIEW FORM
 (Chelan Municipal Code Sections 16.36.040 & 16.42.020)

In the space provided below, list the names of owners and all other persons holding a financial interest in the property. Attach an additional page if necessary.

Parcel No. 1	Parcel No. 2
_____ _____ _____ Phone: _____	_____ _____ _____ Phone: _____
_____ _____ _____ Phone: _____	_____ _____ _____ Phone: _____
_____ _____ _____ Phone: _____	_____ _____ _____ Phone: _____
_____ _____ _____ Phone: _____	_____ _____ _____ Phone: _____
_____ _____ _____ Phone: _____	_____ _____ _____ Phone: _____
Parcel No. _____ Present Lot size: _____ Proposed Lot size: _____	Parcel No. _____ Present Lot size: _____ Proposed Lot size: _____

Zoning District: _____ Section _____ Township _____ Range _____

I hereby certify that I will pay all fees as required by law. I also hereby certify under penalty of perjury under the laws of the State of Washington that the above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

 Date Submitted: _____
 Applicant Signature
 Print Name _____
 Place Where Signed: _____, WA

 Date Submitted: _____
 Authorized Agent Signature
 Print Name _____
 Place Where Signed: _____, WA

**ACKNOWLEDGMENT AND AGREEMENT,
WAIVER OF CLAIMS, AND STATEMENT OF CONSENT**

The owners of property described herein do acknowledge and hereby agree to hold the City of Chelan harmless in any action arising as a result of this boundary line adjustment.

I, (We) the owner(s) of all the property described herein do hereby acknowledge and agree to hold the City of Chelan harmless in any cause of action arising out of the boundary line adjustment or recording of same. Furthermore, I, (We), the owner(s) of all the property involved in this boundary adjustment, hereby consent to the adjustment of property lines as proposed in this application.

IN WITNESS WHEREOF, we have set our signature(s) this ____ day of _____, 20_____.

Owner Signature

Owner

Owner Signature

Owner

ACKNOWLEDGMENT

This is to certify that on the ____ Day of _____, 19____, before me, the undersigned, personally appeared

_____ To me known to be the person(s), who executed the foregoing statement of consent and waiver of claims and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned. WITNESS my hand and official seal the day and year last above written.

NOTARY PUBLIC in and for the State of Washington,
residing in _____

APPROVED - CITY OF CHELAN

BOUNDARY LINE ADJUSTMENT NO.
HEREBY APPROVED BY AND FOR THE CITY OF CHELAN, CHELAN COUNTY,
WASHINGTON.

ADMINISTRATOR

DATE

Submit completed form to the Department of Planning and Community Development, 135 E. Johnson, P. O. Box 1669, Chelan, WA 98816, with a fee of \$150.00 in the form of a check payable to the City of Chelan.

***** DO NOT WRITE BELOW THIS LINE *****

Application Accepted as Complete on_____

ACTION: Accepted

Needs Revision_____

Creates new building site, return for short plat.

Administrator

Date

**CITY OF CHELAN
CRITICAL AREAS REVIEW CHECKLIST**

Completion of this environmental review checklist shall be required prior to any development or other alteration in or within 250' (two hundred and fifty feet) of any known or potential Critical Area in the City of Chelan or its UGA. An application submitted for any use or activity requiring a permit shall not be considered complete until this form has been completed, signed and placed in the project file. This checklist is not a substitute for an Environmental Checklist required under SEPA.

GENERAL INFORMATION—to be completed by the applicant when this checklist is submitted

Applicant		
Name:		
<input type="checkbox"/> Landowner <input type="checkbox"/> Owner's agent. If agent, landowner's name:		
Address:		
City:	State:	ZIP:
Phone:	FAX:	Email:
Site		
Address:		
Parcel Number(s):		
Zoning District:		

Brief description of project:

Please attach any information that will assist the City in its preliminary evaluation of the proposed alteration.

I hereby certify that I will pay all fees, if any, as required by law. I also hereby certify under penalty of perjury under the laws of the State of Washington that the above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

Applicant Signature _____ Date Submitted: _____

Print Name _____

Place Where Signed: _____, WA

FOR OFFICIAL USE ONLY

FINDINGS AND STUDY REQUIREMENTS—to be completed by the Administrator based on his or her preliminary evaluation

Administrator’s findings based on Preliminary Evaluation:

- (A) The proposed alteration is not located in or in such proximity to a Critical Area defined by Chapter 14.10 that it poses a threat to proposed development or to the health or safety of humans or the environment of the subject property or adjacent properties. No further study is required at this time.
- (B) The proposed alteration is in or adjacent to a Critical Area and is exempt from the requirements of the Critical Area Ordinance (Chapter 14.10). Nature of Exemption and code section:

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- (C) The proposed alteration is located in or adjacent to, or includes project actions that may affect, one or more Critical Areas, as indicated below:

- Wetland
- Critical Aquifer Recharge Area
- Fish and Wildlife Habitat Conservation Area
- Geologically Hazardous Area
- Frequently Flooded Area

Information source(s) used by the Administrator in his or her preliminary evaluation:

- City of Chelan generalized Critical Areas map
- Wetland map based on the NWI
- SWAP map
- PHS Maps or other maps based on current PHS data
- The Flood Insurance Study for the City of Chelan*
- Chelan County Soil Survey*
- Seismic Design Category Map for Residential Construction in Washington, Sheet 2*
- Other

The Administrator requires that the following information be provided:

- Critical area study for Wetlands
- Wetland identification and delineation
- Critical area study for Critical Aquifer Recharge Areas
- Hydrogeologic evaluation (required as part of Critical Area Study if the applicant is requesting that the City declassify or reclassify a specific area designated as a Critical Aquifer Recharge Area)
- Critical area study for Fish and Wildlife Habitat Conservation Areas
- Critical area study for Geologically Hazardous Areas

Note: no Critical Area Study is required for Frequently Flooded Areas; however, all development in such areas requires compliance with the City’s Flood Hazard Areas provisions (Chapter 15.10, CMC)

continued on next page

CHECKLIST DOCUMENTATION—to be completed by the Administrator and signed by the Administrator and the applicant when all required information has been submitted and any permit conditions have been determined.

- Documentation of preliminary evaluation is attached
- Documentation of Administrator's findings supporting any exemption, exception, or waiver is attached
- Any required information (e.g., Critical Area Study) is attached
- Any permit conditions, including but not limited to requirements for mitigation, monitoring and reporting, or buffers, are attached

For the City of Chelan:

The attached information, including any required Critical Area Study, Administrative findings, and permit conditions, satisfies the intent of Chapter 14.10 related to the protection of Critical Areas, public and private property, and the public health, safety, and welfare.

Name: _____ Date: _____

Title: _____

Owner/Applicant: The information provided is the best information available concerning the location of Critical Areas as defined by Chapter 14.10. The proposed alteration and the mitigation proposed will, to the greatest extent possible, protect Critical Areas, public and private property and the public health, safety, and welfare.

Name: _____ Date: _____

Title: _____