

After recording return to:

City of Oroville Boundary Line Adjustment Form

PROPERTY OWNER(S) PARCEL "A"

PROPERTY OWNER(S) PARCEL "B"

PHONE #:

PHONE #:

MAIL ADDRESS:

MAIL ADDRESS:

TAX PARCEL #:

TAX PARCEL #:

PRESENT SHORT LEGAL DESCRIPTION:

PRESENT SHORT LEGAL DESCRIPTION:

PRESENT LOT SIZE:

PRESENT LOT SIZE:

PROPOSED LOT SIZE:

PROPOSED LOT SIZE:

STREET ADDRESS:

STREET ADDRESS:

ZONING DISTRICT:

ZONING DISTRICT:

RECORD USE:

RECORD USE:

MUNICIPAL DECISION: Receipt #

File ID #:

This boundary line adjustment meets the requirements of the City of Oroville and RCW 58.17.040(6) subject to the following conditions:

1. The City will not recognize this boundary adjustment until such time the City is provided with copies of the recorded documents.

Administrator

Date

OKANOGAN COUNTY TREASURER:

Taxes for these affected parcels have been paid in full as required by RCW 84.40.042(1)(c). TAX YEAR: _____

Administrator

Date

OKANOGAN COUNTY ASSESSOR:

Legal descriptions for this Boundary Line Adjustment have been reviewed.

Administrator

Date

**CITY OF OROVILLE, WASHINGTON
BOUNDARY LINE ADJUSTMENT
ACKNOWLEDGEMENT AND AGREEMENT
&**

STATEMENT OF CONSENT AND WAIVER OF CLAIMS

The owners of the property described herein do acknowledge and hereby agree to hold the City of Oroville, Washington harmless in any cause of action arising out of the boundary line adjustment or recordation of the same. Furthermore, I (we), the owner(s) of all the property involved in this boundary line adjustment of the property lines as proposed in this application, dedicating to the use of the public forever all public property that is shown herein, and I (we) hereby grant a waiver by myself (ourselves) of all occasioned to the adjacent lands by the established construction, drainage, and maintenance of public roads.

IN WITNESS WHEREOF, I (we) set my (our) signature(s) this __ day of _____, 201__.

Owner

Owner

Owner

Owner

Owner

Owner

THIS IS TO CERTIFY on the ____ day of _____, 201__, before me, the undersigned, personally did appear:

to me known to be the person(s), who executed the foregoing statement of acknowledgement and consent and waiver of claims 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 written above.

Notary public in and for the State of Washington,
Residing at _____.
My appointment expires: _____.