



PLANNING DEPARTMENT

Centralia City Hall, 2nd Floor
118 W. Maple Street
PO Box 609
Centralia, WA 98531

Phone: 360.330.7662
Fax: 360.330.7673
Website: cityofcentralia.com

Boundary Line Adjustment Application

Date: _____

Applicant Name: _____

Parcel Number: _____

Legal Description: _____

AREA AND DISTANCE

Total amount of land in adjustment? _____ Total amount of existing street frontage? _____

Lot Data Proposed number of lots _____

Smallest lot size _____ Largest lot size _____

LAND USE

What is the current Comprehensive Land Use Designation? _____

Indicate the proposed land use(s) of the subdivision.

- Commercial
- Single Family Home
- Manufactured Home
- Multi-Family
 - Duplexes #units _____
 - Multiple Family #units _____

Describe any proposed non-residential uses.

Describe any proposed residential uses.

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BLA# _____

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Utilities

Indicate any utilities now existing on the property.

<input type="checkbox"/>	Streets – paved	<input type="checkbox"/>	Streets – unpaved
<input type="checkbox"/>	Sanitary Sewers	<input type="checkbox"/>	Septic
<input type="checkbox"/>	Storm Drains	<input type="checkbox"/>	Power
<input type="checkbox"/>	Irrigation Water	<input type="checkbox"/>	City water
<input type="checkbox"/>	Well		

If using septic, has it been approved by Lewis County Environmental Health (LCEH)?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes (Include documentation from LCEH.)
<input type="checkbox"/>	Not Applicable

If using a well, has it been approved as a Public Well by Lewis County Environmental Health (LCEH)?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes (Include documentation from LCEH.)
<input type="checkbox"/>	Not Applicable

Indicate the method of extending the service of lots (structures).

<input type="checkbox"/>	Underground Utility Easement
<input type="checkbox"/>	Overhead Utility Easement
<input type="checkbox"/>	Utilities in the Streets

IMPROVEMENTS

Do you plan to file the plat in its entirety as proposed, or will it be a multi-phase development?

<input type="checkbox"/>	As proposed	<input type="checkbox"/>	Multi-phased development
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If multi-phased, please describe.

Will any special deed restrictions be included in the sale of the lots?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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If yes, please describe.

What is the arterial designation of the street presently serving the property?

- Secondary
- Collector
- Access
- Other (please specify):

Applicant's Signature

Date

Applicant's Signature

Date

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