



## BOUNDARY LINE ADJUSTMENT APPLICATION

Community & Economic Development Department  
 8930 N Government Way, Hayden, ID 83835  
[www.cityofhaydenid.us](http://www.cityofhaydenid.us) (208) 209-2022

To be completed by city staff:

Tracking #:

Date submitted:

Received by:

**Property Address:** \_\_\_\_\_

**CHECKLIST:** A request is made by submitting the following:

	<b>Requirement</b>
	Completed application form
	Pre-Application Meeting with City staff (date : _____)
	Current Title Report
	Copy of the most current recorded deed
	Letter of authorization from owners of record, if not the applicant
	A written narrative addressing the request
	<p>The proposed boundary adjustment includes one (1) common lot line between two (2) lots or parcels being adjusted and does not:</p> <ul style="list-style-type: none"> <li>➤ Create any additional lots;</li> <li>➤ Include any lots or parcels which are not legal lots, as defined by the city ordinance;</li> <li>➤ Impair existing access or easements or create the need for new easements or access to any adjacent lot;</li> <li>➤ Result in creating non-conforming lots related to lot size, setbacks, and lot coverage if the lots currently conform to City code.</li> </ul> <p>And the following conditions are met:</p> <ul style="list-style-type: none"> <li>➤ No more than two deflection points are being set on the adjusted line;</li> <li>➤ If one or both existing lots is non-conforming, they may be adjusted so long as neither resulting lot exceeds the original degree of non-conformity;</li> <li>➤ Adjustment of lots does not result in lots spanning a public right-of-way or private road easements;</li> <li>➤ A statement is included on the deed of conveyance indicating that the instrument is being recorded for lot line adjustment purposes, and that the property being transferred is not a buildable lot;</li> <li>➤ The lots were legally created;</li> <li>➤ No existing easements or accesses have been impaired without appropriate remedy;</li> <li>➤ Adjusted lots that are currently served by sanitary sewer and water services have not been adjusted so that they do not, or cannot, have services that conform to applicable city policies and standards.</li> </ul>
	Electronic copy of the existing and proposed legal descriptions emailed to <a href="mailto:planning@cityofhaydenid.us">planning@cityofhaydenid.us</a> (Word format)
	<p>A scaled drawing (preliminary record of survey) of the proposed adjustment showing the following:</p> <ul style="list-style-type: none"> <li>➤ All existing and proposed boundaries of the affected lots with dimensions;</li> <li>➤ All existing structures with dimensions and distances from both eaves and foundation lines to existing and proposed boundaries;</li> <li>➤ Existing sewer and water services to the affected lots;</li> <li>➤ Existing street frontages and accesses of each lot;</li> <li>➤ Existing easements and their purposes.</li> </ul>
	<p>Paper copies of the proposed boundary line adjustment in the following sizes:</p> <ul style="list-style-type: none"> <li>➤ <b>One (1) 8 ½ inch x 11 inch copy</b></li> <li>➤ <b>One (1) 11 inch x 17 inch copy</b></li> <li>➤ <b>One (1) 18 inch x 27 inch copy</b></li> </ul> <p>Electronic Copy in PDF format of the plat emailed to <a href="mailto:planning@cityofhaydenid.us">planning@cityofhaydenid.us</a></p>
	<p>Fees are in accordance with the current City Council adopted fee schedule. City fees and engineering pass through costs are required at the time of application submission. All additional fees, notice and legal publication charges are the responsibility of the applicant and will be billed separately.</p>



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**APPLICANT:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**PROPERTY OWNER (1):** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**PROPERTY OWNER (2):** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**SURVEYOR:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**PROPERTY:** (General Location) \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

Tax Parcel #: \_\_\_\_\_ Street Address (if applicable): \_\_\_\_\_

Size of Area Involved: \_\_\_\_\_ acres Total number of lots involved: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Existing Land Use: \_\_\_\_\_

**CERTIFICATIONS:**

*I understand that the decision made by the Director (or his/her designee) and the City Engineer on a Boundary Line Adjustment is final unless appealed by me or by any affected persons. I understand that following preliminary approval a record of survey prepared by an Idaho licensed surveyor containing a certificate of approval for the City Engineer shall be submitted to the City for final approval and recording along with the accompanying warranty deed accurately describing the property to be transferred and the remainder property. Said deed shall also include new aggregate legal descriptions in metes and bounds of the adjusted areas.*

*I understand that no building permits will be issued on lots or parcels whose boundaries have been adjusted without the approval of the City, nor will they be issued on lots or parcels whose boundaries are being adjusted until all the requirements of Hayden City Code Title 12, Chapter 10 have been met, the record of survey and warranty deeds recorded, and the property corners are monumented.*

*I also understand that application fees are in accordance with the current City Council adopted fee schedule and that all additional fees, charges, pass-through engineering costs, legal advertising and postage are the sole responsibility of the applicant.*

*I hereby certify that I am the owner(s) or contract buyer(s) of the properties upon which the boundary line adjustment is to be located or that I have been vested with the authority to act as agent for the owner(s) or contract buyer(s). All the information, statements, attachments and exhibits transmitted herewith are true to the best of my knowledge.*

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

\*\*\*\*\*

**To be completed by city staff:**

Check #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_