



FRANKLIN COUNTY

PLANNING AND BUILDING DEPARTMENT

BOUNDARY LINE ADJUSTMENT (BLA) APPLICATION PACKET

FREQUENTLY ASKED QUESTIONS:

What is a Boundary Line Adjustment?

A Boundary Line Adjustment (BLA) is the administrative process for adjusting property lines between legally created lots. This process cannot create a lot or reduce the size of a lot so that it contains insufficient area and dimension to meet minimum zoning (or Benton-Franklin Health District) requirements.

How do I determine if my property is suited for a BLA?

If you wish to propose a BLA, you are encouraged to check with the Franklin County Planning and Building Department about zoning standards, access, and other requirements.

What is the process for submitting a BLA application?

The process for a BLA submittal is done by:

- 1) Completing this packet, which includes the General Land Use Development Application Form, and;
- 2) A record of survey, which has been developed by a licensed surveyor in the State of Washington, showing the new lot configurations (as described in Franklin County Code (FCC) Chapter 16.40.030(A)).

Does Franklin County offer surveying services?

No, the County does not offer surveying services. You need to contact a Washington state registered land surveyor to conduct these services. Staff at the Planning and Building Department can help you find a registered land surveyor, if requested.

What is the current zoning for my property?

Please visit <http://www.franklincountwa.gov/gis> and click on the "Planning Map" for more information. This map will show the current zoning designation (e.g. AP-20, AP-40, RR-1, RC-1, etc.) for your property and surrounding properties that may be affected by the proposed BLA.

Who needs to sign the BLA application form?

All affected lot owners shall sign the form and be original signatures on the application form. Additional sheets of individual signatures may be attached and submitted, if necessary.

A record of survey for boundary line adjustment, developed by a licensed surveyor in the State of Washington, showing the new lot configuration shall also be submitted. Please note that all documents must meet the County Auditor's Office recording requirements to be recorded.

How much is the fee for a BLA application?

Upon submittal, a non-refundable application fee of \$150.00 shall be paid to the Franklin County Planning and Building Department.



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Who reviews the Boundary Line Adjustment?

The proposed BLA is sent to various agencies for review. Applicable agencies include the nearest Utility Service Provider (Franklin PUD or Big Bend Electric), Irrigation District (SCBID or FCID), Municipality (if located within, or one (1) mile of an urban growth area), Fire District, the County Engineer and the Benton-Franklin Health District.

What are the criteria which the agencies review the BLA?

The reviewing agencies will review the BLA based upon the criteria set forth in FCC Chapter 16.40.030 (Ord #01-2023). If the application is determined to be incomplete or missing important information, staff from the Planning and Building Department will notify the applicant.

How will I know when my BLA has been approved?

A decision will be made to approve, approve with conditions, return to the applicant for modification, or deny the application within 21 days following submittal of a complete application, except when a federal agency is involved, the deadline is extended to forty-five (45) days. When review is complete, a written decision will be issued.

Can I appeal the written decision?

Yes! This decision may be appealed, as described in FCC Chapter 16.40.040(D) (Ord #01-2023). The appeal period is fourteen (14) working days from date of the decision. You (the applicant) may wish to delay recording of the BLA until this appeal period has expired.

What is the process after the BLA has been approved and I have met all the conditions listed on the written decision letter?

Once the BLA is approved, the following must take place:

- 1) The survey must be recorded within six (6) months of approval to be finalized and take effect. After recording the documents in the Franklin County Auditor's Office, the auditor will keep the original document(s) recorded.
- 2) Owners of all affected properties in the BLA shall sign a Boundary Line Adjustment Request Form with the County Assessor's Office. Applicant can contact the Assessor's Office to learn more about the request form and about applicable property taxes that are required to be paid to finalize the BLA process.
- 3) If the BLA involves more than one property owner, conveyance document(s) must be recorded. For preparation of the conveyance document(s), consultation with a title company or attorney is advised. Also, state law requires that a "Real Estate Excise Tax Affidavit" be completed and process by the Franklin County Treasurer's Office prior to recording of the conveyance documents and BLA. Questions about this form should be addressed to the Treasurer's Office (509) 545-3518.

- Keep this section for your records -

- Return the following completed pages with your application -



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BOUNDARY LINE ADJUSTMENT (BLA) APPLICATION REQUIREMENTS

Submittal Checklist:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Completed Boundary Line Adjustment Application Information Form |
| <input type="checkbox"/> | Completed General Land Use Development Application Form |
| <input type="checkbox"/> | Preliminary “Record of Survey” – Boundary Line Adjustment: |
| <input type="checkbox"/> | Two (2) paper copies and one (1) electronic copy, which meets the requirements of Franklin County Code Ch. 16.40.030(A). |
| <input type="checkbox"/> | <i>If directed by Staff</i>
Written approval from the Benton-Franklin Health District. This only required if the septic drain fields or overall septic system will be impacted.

Located at 7102 W. Okanogan Place, Kennewick, WA – (509) 460-4200 |

Application Fee: \$150.00

All fees do not include a 3% additional processing fee if paying by debit or credit card.
Payment shall be made to the Franklin County Planning & Building Dept.



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Boundary Line Adjustment Application Information

(all items in **bold** shall be completed)

List the affected lots, including the current and propose adjusted sizes:				
Lot	Parcel Number (Ex: 000-000-000)	Current size (acres or sq. ft.) (Ex: 24.92 acres or 50,000 sq. ft.)	Adjusted size (acres or sq. ft.) (Ex: 30.16 acres or 80,000 sq. ft.)	Current Zoning (Ex: RS-20, AP-20, C-2, etc.)
1				
2				
3				
4				
5				
6				

Irrigation Source: SCBID FCID Private None Other (specify): _____

Domestic Water Supply: On-Site Well City Water Farm Exempt Well (provide documentation)
 Community Well (Well ID # and location): _____

Sewage Disposal: On-Site Septic City Sewer Other (specify): _____

List Existing of Proposed Utility Providers:

Electric Provider: _____ Cable/Broadband: _____

Natural Gas: _____ Landline Phone (if applicable): _____

Sanitary Waste Disposal: _____ Other (if not listed): _____

I, the undersigned, hereby authorize the filing of this application and certify under penalty of perjury that the information contained in this application is complete and correct to the best of my knowledge. Further, I hereby grant Franklin County staff or representatives to enter my property during the course of this review to inspect my property as needed.

This authorizes the designated Applicant's representative (if applicable) to act on behalf of the applicant for the processing of this request.

Property Owner (Print Name)

Applicant/Representative (Print Name)

Property Owner (Signature)

Applicant/Representative (Signature)

Date signed

Date signed

If more than one property owner and/or trustee, please see next page for additional signatures →



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Property Owner/Trustee (Print Name)

Property Owner/Trustee (Signature)

Date Signed

Property Owner/Trustee (Print Name)

Property Owner/Trustee (Signature)

Date Signed

Property Owner/Trustee (Print Name)

Property Owner/Trustee (Signature)

Date Signed

Property Owner/Trustee (Print Name)

Property Owner/Trustee (Signature)

Date Signed

Property Owner/Trustee (Print Name)

Property Owner/Trustee (Signature)

Date Signed



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GENERAL LAND USE DEVELOPMENT APPLICATION

FOR STAFF USE ONLY	FILE #: _____	<i>S T A M P H E R E :</i>
	Total Fees: _____	Date deemed complete: _____
	Receipt #: _____	Pre-App Meeting Date: _____
	Reviewed By: _____	Hearing Date: _____

CHECK ALL THAT APPLY AND ATTACH SUPPLEMENTAL FORM(S):	<input type="checkbox"/> Appeal (File # of item appealed: _____)	<input type="checkbox"/> SEPA – Environmental Checklist
	<input type="checkbox"/> Binding Site Plan (BSP)	<input type="checkbox"/> Shoreline (SH) – Conditional Use Permit
	<input type="checkbox"/> Boundary Line Adjustment (BLA)	<input type="checkbox"/> Shoreline (SH) – Exemption
	<input type="checkbox"/> Comprehensive Plan Amendment (CPA)	<input type="checkbox"/> Shoreline (SH) – Non-Conforming
	<input type="checkbox"/> Conditional Use Permit (CUP)	<input type="checkbox"/> Shoreline (SH) – Substantial Development
	<input type="checkbox"/> Determination – Administrative	<input type="checkbox"/> Shoreline (SH) – Variance
	<input type="checkbox"/> Determination – Critical Areas	<input type="checkbox"/> Short Plat (SP)
	<input type="checkbox"/> Determination – Non-Conforming Use	<input type="checkbox"/> Subdivision/Preliminary Long Plat (SUB)
	<input type="checkbox"/> Determination – Reasonable Use	<input type="checkbox"/> Tax Parcel Separation (TPS)
	<input type="checkbox"/> Determination – Zoning Interpretation	<input type="checkbox"/> Temporary Use Permit
	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Vacation of Easement (VOE) / Alteration
	<input type="checkbox"/> H2A Farm Worker Housing (Zoning Review)	<input type="checkbox"/> Variance
	<input type="checkbox"/> Planned Unit Development (PUD)	<input type="checkbox"/> Zone Change/Rezone (ZC)
	<input type="checkbox"/> Other: _____	

CONTACT INFORMATION (Please provide all necessary information and checkmark the primary contact)

<input type="checkbox"/>	<u>Property Owner</u>	Mailing Address: _____
	Name: _____	_____
	Phone Number: _____	_____
	E-mail Address: _____	
<input type="checkbox"/>	<u>Applicant/Agent/Contractor</u> (if different)	Phone Number: _____
	Business Name: _____	Mailing Address: _____
	Contact Name: _____	_____
	E-mail Address: _____	
<input type="checkbox"/>	<u>Surveyor / Engineer</u>	Phone Number: _____
	Business Name: _____	Mailing Address: _____
	Contact Name: _____	_____
	E-mail Address: _____	



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PROPERTY INFORMATION

Parcel Number(s) (9-digit tax number):

Legal Description of Property:

Site Address: (describe location if no address is assigned)

BRIEF DESCRIPTION OF PROJECT OR REQUEST

- All appropriate fees must accompany this application. Fees are non-refundable and subject to change. Please contact the Planning Department for current pricing of fees.
- This application, including attachments, must be completed in its entirety for all items applicable to your project.
- Supplemental information is generally required for land use approvals. Please ensure that all required information is submitted along with this application form.
- If the property is owned by a trust, corporation, or LLC, please attach documentation showing that the person signing as the "owner" has the authority to sign on behalf of the trust, corporation, or LLC. If there are multiple owners, provide an attachment in the same format and with the same declarations.

I, the undersigned, hereby authorize the filing of this application and certify under penalty of perjury that the information contained in this application is complete and correct to the best of my knowledge. Further, I hereby grant Franklin County staff or representatives to enter my property during the course of this review to inspect my property as needed.

I understand that any information submitted to the Franklin County Planning and Building Department is subject to public records disclosure laws for the State of Washington (RCW Chapter 42.17) and all other applicable laws that may require the release of the documents to the public.

- This authorizes the designated Applicant's representative (if applicable) to act on behalf of the applicant for the processing of this request.**

Property Owner (Signature)

Date

Applicant/Representative (Signature)

Date

Property Owner (Print Name)

Date

Applicant/Representative (Print Name)

Date