



TOWN OF WOODWAY

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<http://www.townofwoodway.com>

File #:

Date Received:

BOUNDARY LINE ADJUSTMENT APPLICATION SUPPLEMENT

If there are more than two parcels involved, please attach an additional sheet with the following information for all additional parcels

Parcel A

Property Address:	Zoning:
Parcel #:	
Existing Legal Description of Property:	
Proposed Legal Description of Property:	
Owner's Name:	
Mailing Address:	
City/State/ZIP:	
Phone Number:	
I approve the proposed boundary line adjustment.	
Owner's Signature, Parcel A	Date:

Parcel B

Property Address:	Zoning:
Parcel #:	
Legal Description of Property:	
Proposed Legal Description of Property:	
Owner's Name:	
Mailing Address:	
City/State/ZIP:	
Phone Number:	
I approve the proposed boundary line adjustment.	
Owner's Signature, Parcel B	Date:

	Parcel A	Parcel B
Existing Parcel Size (Acres)		
Proposed Parcel Size (Acres)		
Existing Septic System (Y/N)		

