RETURN ORIGINAL DOCUMENT TO:

Name (Print) _____

Mailing Address _____

_____

LOT COMBINATION $100 Fee

Two or more parcels combined as a single parcel; or a combination of platted and unplatted lots resulting in a reduction of total parcels. A split-zoned parcel may not be created. [See RCW 58.17.040(6)]

STATE OF WASHINGTON) COUNTY OF ISLAND) ss.	

REASON FOR COMBINATION: Septic _____ Building Lot _____ Other: _____

_____

New Legal Description (Abbreviated):_____

Designated Contact Person for Project:

_____ (_____)_____
Name **Telephone**

_____ (_____)_____
Mailing Address **Alternate Telephone**

_____ _____
City **State** **Zip Code**

Lot A - Legal description before combination:	**Parcel #** _____ _____ Owner's Signature _____ Printed Name _____ Owner's Signature _____ Printed Name
Lot B - Legal description before combination:	**Parcel #** _____ _____ Owner's Signature _____ Printed Name _____ Owner's Signature _____ Printed Name

HEREBY BE IT MADE KNOWN: That the parcels of property described above are to be considered as one lot: or a reduced number of lots, the new legal description(s) of which is as follows: (attached additional pages if necessary). ***PLEASE KEEP 1" MARGIN ON ALL SIDES**

New Lot A – Legal Description
New Lot B – Legal Description (*if applicable*)

I being duly sworn on oath deposes and says: That I am the owner of property described as follows:
(Sign in the presence of a Notary. Attach additional lot description page if necessary.)

_____ _____
Owner Date Owner Date

_____
Lien Holder (if Applicable) Date

State of Washington
County of _____

On This day personally appear before me_____

_____ to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that _____ signed the same as _____ free and voluntary act and deed, for the uses and purposes therein mentioned.

(SEAL)

_____ _____ _____
(Notary Signature) (Printed Notary Name) (Date)

_____ _____
(Residing At) (My Commission Expires)

(Attach Additional Notary page as a third page if necessary)

This document must be notarized by the applicant & lien holder. Upon approval by the Planning Official & signed by the Mayor, applicant shall record with the Island County Recording Office. Mayor's signature attested to by Clerk/Treas. This document will not be considered effective until recorded and certified copy returned to the City.

APPROVED:

_____ _____
Planning Official, City of Langley Mayor, City of Langley

Date**:** _____ Date**:**_____

Attest**:**_____Clerk/Treas.