

**The Tulalip Tribes
Community Development Department
Boundary Line Adjustment Application Form**

Applicant / Owner Name: _____

Mailing Address: _____
Street City State / Zip Code

Phone: _____ Fax: _____

Parcel Status: Fee Trust

Parcel Number(s) / Parcel ID: _____

Applicant Signature _____ Date: _____

For Community Development Staff Use Only	
Application Fee \$125.00 Paid: <input type="checkbox"/> Yes / <input type="checkbox"/> No Date Paid: _____ / _____ / _____	
Zoning Designation: _____ Allowable Density: _____	
Consistent with Comprehensive Land Use Plan? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Consistent with Zoning Ordinance? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Submitted to Permit Review Committee? <input type="checkbox"/> Yes / <input type="checkbox"/> No Date: _____ / _____ / _____	
Variance / Conditional Use Required? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Recommended for Approval <input type="checkbox"/> Yes / <input type="checkbox"/> No Date: _____ / _____ / _____	
Community Development Manager	
Approved: <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Date: _____ / _____ / _____	
Executive Director	