

VICINITY MAP



SCALE 4"=1 MILE

NOTARY SEAL

I HEREBY CERTIFY THAT THE ABOVE INDIVIDUAL(S) SIGNED AS A FREE AND VOLUNTARY ACT AND DEED FOR THE USES AND PURPOSES HEREIN MENTIONED. GIVEN UNDER MY HAND AND SEAL THIS _____ DAY OF _____ 20__

NOTARY PUBLIC IN AND FOR THE STATE OF WASHINGTON, RESIDING AT _____

THIS BOUNDARY LINE ADJUSTMENT IS MADE WITH THE FREE CONSENT AND IN ACCORDANCE WITH THE DESIRES OF THE OWNERS.

CITY OF TACOMA
BOUNDARY LINE ADJUSTMENT _____

A PORTION OF __1/4, __1/4, SECTION __, T __ N, R __ E, W.M.

ORIGINAL TRACT:
ASSESSOR'S PARCEL NO(S)

DIRECTOR

APPROVED IN COMPLIANCE WITH CHAPTER 13.04 OF THE OFFICIAL CODE OF THE CITY OF TACOMA.

Director
Planning & Development Services

APPROVED FOR RECORDING

CHIEF SURVEYOR, PUBLIC WORKS

CITY TREASURER

I HEREBY CERTIFY THAT ALL DELINQUENT ASSESSMENTS HERETOFORE LEVIED AGAINST THE PROPERTY DESCRIBED HEREON, ACCORDING TO THE BOOKS AND RECORDS OF MY OFFICE, HAVE BEEN FULLY PAID AND DISCHARGED.

CITY TREASURER

ASSESSOR/TREASURER

I HEREBY CERTIFY THAT ALL STATE AND COUNTY TAXES HERETOFORE LEVIED AGAINST THE PROPERTY DESCRIBED HEREON, ACCORDING TO THE BOOKS AND RECORDS OF MY OFFICE, HAVE BEEN FULLY PAID AND DISCHARGED.

ASSESSOR/TREASURER

AUDITOR'S CERTIFICATE

FILED FOR RECORD THIS _____ DAY OF _____ 200__ AT _____ M. IN BOOK _____ OF _____ AT PAGE _____ AT THE REQUEST OF _____

COUNTY AUDITOR

SURVEYOR'S CERTIFICATE

THIS MAP CORRECTLY REPRESENTS A SURVEY MADE BY ME OR UNDER MY DIRECTION IN CONFORMANCE WITH THE REQUIREMENTS OF THE SURVEY RECORDING ACT AT THE REQUEST OF _____ IN _____ 200__

NAME _____
CERTIFICATE NO. _____
EMPLOYED BY. _____
(SIGN AND SEAL)

THIS BOUNDARY LINE ADJUSTMENT IS NOT A PLAT, REPLAT, OR SUBDIVISION

ORIGINAL TRACT OWNER FULL NAME ADDRESS & ZIP
PHONE _____

EXISTING ZONING _____
SOURCE OF WATER _____
TYPE OF ACCESS _____
SEWER SYSTEM _____
SCALE _____ NO. OF ADJUSTED PARCELS _____
DRAWN BY _____ CHECKED BY _____ JOB NO. _____