

Return Address:

City of Omak
P.O. Box 72
Omak, WA. 98841
(509) 826-1170

PARCEL CONSOLIDATION REQUEST

The parcels I (We) wish to have consolidated are listed below and identified by the Assessor's 10 digit parcel identification numbers. A full legal description is also included:

The new legal description describing the boundaries of the combined parcels (attach additional pages as necessary) is:

Street Address of Property:

.....
I hereby certify, that I understand the Parcel Consolidation Policy and agree to the conditions thereto. I request that my (our), listed hereon, all of which are adjoining and within the same section and Tax Code Area, be consolidated into one parcel, and that all taxes have been paid in full."

Print name and address

Signatures of all owners required Phone Date

Signatures of all owners required Phone Date

Signature of Planning Official Date

Signature of Treasurer's Office Date

STATEMENT OF CONSENT AND WAIVER OF CLAIMS

The owners of property described herein do acknowledge and hereby agree to hold the City of Omak harmless in any action arising as a result of this parcel consolidation.

I (we) the owners (s) of all the property described herein do hereby acknowledge and agree to hold the city of Omak harmless in any cause of action arising out of the parcel consolidation or recordation of same. Furthermore, I (we) the owners of all the property involved in this parcel consolidation, hereby consent to the adjustment of the property lines as proposed in this application, dedicating to the use of the public forever all public property that is shown hereon, and I (we) hereby grant a waiver by myself (ourselves) of all claims for damages against any governmental authority which may be occasioned to the adjacent lands by the established construction, drainage, and maintenance of public roads.

IN WITNESS WHEREOF, we have set our signature (s) this _____ day of _____ 20 ____.

OWNER

OWNER

OWNER

OWNER

ACKNOWLEDGEMENT

This is to certify that on the _____ day of _____, 20 ____, before me, the undersigned notary, personally appeared _____

_____ to me known to be the person (s), who executed the foregoing statement of consent and waiver of claims and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year last above written.

Notary Public in and for the State of Washington
Residing at _____
Commission expires _____

COMMENTS: _____

FOR OFFICE USE ONLY

OMAK BUILDING DEPARTMENT APPROVAL:

This parcel consolidation for parcel # _____ and # _____,
meets the requirements of Title 17 of the Omak Municipal Code as amended.

Administrator

COLVILLE TRIBES APPROVAL (if applicable):

Tribal Planning

Date

OKANOGAN COUNTY PLANNING DEPARTMENT APPROVAL (if applicable):

Planning Director

Date