



LOT CONSOLIDATION INFORMATION

WHAT IS A LOT CONSOLIDATION?

A Lot Consolidation is the process of eliminating property lines between two or more contiguous legal lots of record.

THE PROCESS

The Planning Administrator will review the information provided on the application and determine whether the consolidation complies with the requirements and limitations set forth in the Benton County Code 9.11. If all requirements of BCC 9.11 have been satisfied the Administrator may approve in writing the Lot Consolidation request.

Upon approval of the Lot Consolidation and prior to the recording of any documents; a quit claim deed and excise tax form must be submitted to the Planning Division. **The legal description will not be reviewed by the Planning Staff for accuracy.** After review by the Planning Division, the applicant may take the deeds to the Treasurer's office to be processed and then on to the Auditor's office to be recorded. A copy of the recorded documents, including the Auditor's file number, must be supplied to the Planning Division by the applicant.

CRITERIA FOR APPROVAL

The proposed Lot Consolidation may only be approved if it complies with the requirements and limitations set forth in BCC 9.11 and will not result in the following:

- (a) Creation of any additional lot, tract, parcel, site or division.
- (b) Result in a lot, tract, parcel, site or division which contains insufficient area or dimension to meet the minimum requirements for area and dimension as set forth in Chapter 11 of the Benton County Code and local health codes and regulations.
- (c) Diminish or impair drainage, water supply, existing sanitary sewage disposal, and access or easement for vehicles, utilities, and fire protection for any lot, tract, parcel, site or division.
- (d) Diminish any easement or deprive any parcel of access of utilities, unless alternate easements, access or utilities can be satisfactorily provided.
- (e) No approval shall result in inconsistency with state or local platting requirements.
- (f) Amend the conditions of approval for previously platted property.

APPEALS

Any decision regarding the approval/denial of a lot consolidation may be appealed to the Benton County Hearings Examiner subject to the requirements in BCC 11.53.

EXPIRATION

Preliminary approval of a lot consolidation shall expire one (1) year from the date of approval if the conditions of approval have not been satisfied.



LOT CONSOLIDATION CHECKLIST

Applicant Staff

☐ ☐ **Completed Lot Consolidation Application** – must include signatures of all parties with ownership interest. Incomplete applications will not be accepted.

☐ ☐ **Site Plan Map:**

- **For Platted Lots** – A copy of the short plat or subdivision map, measuring no larger than 11" x 17" identifying the lots to be consolidated.
- **For Un-platted Lots** – Existing and proposed legal descriptions prepared by a Washington State licensed Land Surveyor, **two (2) copies** of a site plan drawn to scale and **an electronic copy (PDF)** of the site plan are required with the application submission. Site plan requirements can be found in Benton County Code Title 9.11.

☐ ☐ **\$200 Lot Consolidation Fee** – The fee must be paid at the time of application submittal, cash or checks accepted. Checks made payable to the **Benton County Treasurer**. All application fees are non-refundable.

Applications may be submitted between the hours of 8am-12pm and 1pm-5pm Monday through Friday to the Planning Division office, or you can mail it to 102206 E Wiser Parkway, Kennewick, WA 99338.

Please contact the following departments/agencies to ensure your proposal will comply with their regulations:

- **Benton-Franklin Health District**
7102 W. Okanogan Place, Kennewick, WA 99336
(509) 460-4205
- **Benton County Road Department**
620 Market Street, Prosser, WA 99350 -or-
102206 East Wiser Parkway, Kennewick, WA 99338
(509) 786-5611
- **Benton County Building Division**
102206 East Wiser Parkway, Kennewick, WA 99338
(509) 735-3500



LOT CONSOLIDATION APPLICATION

Application No. _____

APPLICANT INFORMATION

Please check the box indicating primary contact person for this application

☐ **Applicant/Agent:** _____

Mailing Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____ Work: _____

Email Address: _____

Signature: _____ Date: _____

☐ **Property Owner(s)** (if different): _____

Mailing Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____ Work: _____

Email Address: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

**If there are additional owners please copy this section, sign, and attach to the application*

If the property is owned by a corporation, trust, partnership or LLC please complete the entity signature block below showing that the person signing has the authority to sign on behalf of the company.

ENTITY SIGNATURE BLOCK

Applicant/Legal Owner: _____

Officer name: _____

Title: _____

Signature: _____ Date: _____

THE ABOVE SIGNED OFFICER OF _____ (name of entity)

WARRANTS AND REPRESENTS THAT ALL NECESSARY LEGAL AND CORPORATE ACTIONS HAVE BEEN DULY UNDERTAKEN TO

PERMIT _____ (name of applicant) TO SUBMIT THIS APPLICATION AND THAT THE

ABOVE SIGNED OFFICER HAS BEEN DULY AUTHORIZED AND INSTRUCTED TO EXECUTE THIS APPLICATION.

PARCEL INFORMATION

1. Subject property address: _____

City: _____ State: _____ ZIP: _____

2. Parcel number 1: __ ☐ __ __ __ __ ☐ __ __ __ __ ☐ __ __ __ __ ☐ __ __ __ __ Acres: _____

Parcel number 2: __ ☐ __ __ __ __ ☐ __ __ __ __ ☐ __ __ __ __ ☐ __ __ __ __ Acres: _____

Parcel number 3: __ ☐ __ __ __ __ ☐ __ __ __ __ ☐ __ __ __ __ ☐ __ __ __ __ Acres: _____

3. Present use of property: _____

4. Please give a detailed explanation for consolidation request: _____

5. Access: ☐ County Road ☐ State Road/Highway ☐ Private Road

6. Utilities: Power: ☐ Benton PUD ☐ Benton REA

Sewer: ☐ Septic Tank ☐ City Sewer: (Provider) _____

Water: ☐ Individual Wells ☐ One well serving 2-4 lots ☐ One well serving 5+ lots

☐ Private System (Provider & Address) _____

☐ City System (Provider) _____

Gas: ☐ No ☐ Yes: (Provider) _____

Cable: ☐ No ☐ Yes: (Provider) _____

Phone: ☐ No ☐ Yes: (Provider) _____

Irrigation: ☐ No ☐ Private ☐ District: (Provider) _____

7. Additional comments or information: _____

(FOR STAFF USE ONLY)

Access: Y N

Application Complete: Y N

Critical Areas: N Y: _____ Zoning: _____

Reviewed by: _____ Date: _____