



Annexation 10% Intent Application

City of Battle Ground
 Community Development Planning Division
 109 SW 1st Street, Suite 127
 Battle Ground, WA 98604
 Phone: (360) 342-5047 | Fax: (360) 342-5049
www.cityofbg.org

Department Use Only	
Date Received:	Receipt #:
Project File #:	Fee:

ANNEXATION LOCATION			
Project addresses:			
Parcel Numbers:			
Zoning District:			
Number of Lots:			
PROJECT NAME AND DESCRIPTION			
PROPERTY OWNER		APPLICANT	
Name:		Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone:	Email:	Phone:	Email:
REQUIRED SIGNATURES			
<i>I certify, under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct. (RCW 9A.72.085). I/we agree that City of Battle Ground staff may enter upon the subject property at any reasonable time to consider the merits of the application, to take photographs and to post public notices.</i>			
Owner's Signature:			Date:
Applicant's Signature:			Date:

ANNEXATION INTENT SUBMITTAL REQUIREMENTS	
Filing Fee	
Submit one (1) copy of the following items:	
Completed and signed application	<i>If someone other than the owner is signing the application, an authority to act letter from the legal owner is required</i>
Signed original 10% petition	
Sketch of proposed annexation area	
Any supplemental information	Special studies identified in writing by the Community Development Director or designee or specifically required by an applicable section of the development code, e.g. wetland study, mitigation plan, etc.