

OFFICIAL USE

DATE RECEIVED:

RECEIVED BY: _____

RECEIPT NUMBER: _____



SHORT SUBDIVISION APPLICATION

\$250 Fee

APPLICANT/CONTACT INFORMATION

NAME:

MAILING ADDRESS:

CITY, STATE, ZIP:

PHONE:

PROPERTY OWNER INFORMATION

NAME:

PHONE:

MAILING ADDRESS:

PHYSICAL ADDRESS:

CITY, STATE, ZIP:

CITY, STATE, ZIP:

WHAT IS THE LEGAL RELATIONSHIP THAT ENTITLES THE APPLICANT TO APPLY ON BEHALF OF THE OWNER (IF DIFFERENT)?

PROPERTY DETAILS

PARCEL NUMBER-

ANY ADDITIONAL PARCEL NUMBERS INVOLVED:

WHAT IS THE CURRENT USE OF THE PROPERTY? -

***A SURVEYOR'S MAP/PLAT IS REQUIRED .**

PLEASE SUBMIT EIGHT (8) COPIES OF THE SHORT PLAT WITH THIS APPLICATION. THE MAP/PLAT MUST SHOW THE FOLLOWING:

- BOUNDARY LINES OF ALL AFFECTED LOTS;
- LOCATION AND WIDTH OF ANY EASEMENTS, STREETS, AND UTILITY RIGHT-OF-WAYS;
- ADJOINING PROPERTY YOU MAY OWN;
- VICINITY MAP SHOWING THE LOCATION OF ANY OTHER PERMANENT FEATURES IN THE AREA THAT COULD BE AFFECTED (SUCH AS EXISTING STREETS, PLATTED BUT NOT CONSTRUCTED, OR ANY WATERWAYS INCLUDING WETLANDS OR DRAINAGE WAYS).

I(WE) GRANT THE APPLICANT PERMISSION TO USE MY(OUR) PROPERTY IN THE MANNER DESCRIBED IN THIS APPLICATION.

Owner's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

We, the above signatories attest under penalty of perjury that the information in this application is true and accurate. We also understand that it is our responsibility to understand and comply with all applicable federal, state, and local regulations.

PLEASE RETURN APPLICATIONS WITH PAYMENT TO:
300 1st Street, Raymond, WA 98577
Phone: 360-942-4108, Fax: 360-942-4137