



GRANT COUNTY  
PLANNING DEPARTMENT  
P.O. Box 37 - 264 WEST DIVISION AVENUE  
EPHRATA, WA 98823  
(509) 754-2011 EXT 2501

## ***Binding Site Plan Application***

Preliminary \$1000 + \$35/lot

Final \$250

SEPA \$300

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### **PART I GENERAL INFORMATION**

*All requested information shall be provided. Use BLACK ink or type for photocopying purposes.*

Legal Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (Work) \_\_\_\_\_ (Fax) \_\_\_\_\_

**If applicant is not the owner, include written owner authorization for the below-designated contact to serve as representative.**

Owner's Designated Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (Work) \_\_\_\_\_ (Fax) \_\_\_\_\_

Project/Proposal Site Area: (Acres or sq. ft.)

Assessor Tax Parcel No.(s) of Proposal Site:

Adjacent Parcels Owned or Controlled: (Acres or sq. ft.)

Assessor Tax Parcel No.(s) of Adjacent Land Owned or Controlled:

Street Address of Proposed Site (if any):

Describe Existing Use(s) on Proposed Site: (buildings, well, sewer drainfield, etc.)

If there are any buildings on the proposed site, which lots would the buildings be on?

If this land is in "Current Use – Open Space Program," do you want it to remain in this program?  
(Attach portion of current use explanation)

Existing Zone Classification:

Comprehensive Plan Classification:

Growth Management Act Designation: Within IUGA or UGA?     Yes             No

School District:

Fire District:

Water Purveyor:

Sewer:

Proposed Use of Property:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Duplexes           | <input type="checkbox"/> Business  | <input type="checkbox"/> Multi-family dwelling   |
| <input type="checkbox"/> Industrial         | <input type="checkbox"/> Mixed Use | <input type="checkbox"/> Single-family dwelling  |
| <input type="checkbox"/> Manufactured Homes |                                    | <input type="checkbox"/> Other: Please describe: |

List Previous Grant County Actions Involving this Property: (Such as tax segregation application, certificate of exemptions, other subdivision, lot segregation or Agricultural District spin-off, zone change, variance, conditional use, temporary use, SEPA review, estate transfer, zoning code violation, or others)

**LEGAL INFORMATION**

Location of Proposal Site: (General description by which direction and how far from roads and intersections and other community features)

Section(s): \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Name of Public Road(s) Providing Access:

Width of Property Fronting on Public Road: \_\_\_\_\_

Does the Proposal Have Access to an Arterial or Planned Arterial? ( ) Yes ( ) No

Name(s) of Arterial Road(s):

I have attached legal description of the proposed site: ( ) Yes ( ) No  
(Attach legal description stamped by the Land Surveyor. Include the legal description for the entire site.)

If you do not hold title to property, what is your interest in it?

What impact will the proposed Binding Site Plan have on the adjacent properties?

What factors support this proposal?

What measures do you propose to mitigate your proposal's impact upon or otherwise to make appropriate provision for open spaces, drainage waste, streets or roads, alleys, other public ways, transit stops, potable water supplies, sanitary waste, parks and recreation, playgrounds, schools, and school grounds, and impacts which relate to the public health, safety and general welfare?

**PRELIMINARY BINDING SITE PLAN INFORMATION  
PART II**

Number of Lots: \_\_\_\_\_  
Typical Lot Size: \_\_\_\_\_  
Smallest Lot Size: \_\_\_\_\_

Gross Area: \_\_\_\_\_  
Proposed Net Density<sup>1</sup>: \_\_\_\_\_  
Minimum Frontage: \_\_\_\_\_

Proposed Source of Water:  
 Public System  
 Other, please describe:

Individual Wells  
 Private Community System

Proposed Means of Sewage Disposal:  
 Community System  
 Double Plumbing  
 Other, please describe:

Public Sewer  
 Septic Tank & Drainfield  
 Dry Sewer

Utility Companies & Districts to Provide Service to Proposal:

Electricity:

Water:

Phone:

Gas:

Sewer:

Cable:

School:

Other:

Do You Have Any Plans for Future Additions, Expansions or Further Activity Related to this Proposal?       No.       Yes. If yes, please explain:

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<sup>1</sup> Net density is units or lots per acre minus private and/or public road area.

**PRELIMINARY BINDING SITE PLAN IMPROVEMENT INFORMATION  
PART II (CONTINUED)**

Level of Street Improvements Proposed:

Private Roads                       Public Roads                       Arterial Roads

Describe Any Combination of Above:

Estimated Time Period Expected for Complete Development:

Is phasing of the finalization of the Binding Site Plan proposed?

Yes. If yes, show phasing on subdivision map.                       No.

Is dedication of land for public use proposed? (Roads, parks, schools, open space, others)

No.     Yes. If yes, please explain:

**PART III**

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**SURVEYOR VERIFICATION**

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I, the undersigned, a licensed land surveyor, have completed the information requested. The legal description and Binding Site Plan have been prepared by me or under my supervision in accordance with the requirements of the Grant County zoning/subdivision regulations and the laws of the State of Washington.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_

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**TREASURER'S REQUIREMENTS**

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The County Treasurer is the last person to sign on a Binding Site Plan before it is recorded in the Recording Department of the Auditor's Office. Before the Treasurer can sign the plat, all current full year, prior year's taxes, and most assessment liens must be paid in full. If the plat is recorded in the Auditor's Office between June 1<sup>st</sup> and February 14<sup>th</sup> of the following year, an advance tax for the next tax year is also required to be paid on the land value only of the plat before the Treasurer can sign the plat. If the plat is recorded between February 15<sup>th</sup> and May 31<sup>st</sup>, advance tax is not required to be paid.

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**AUDITOR'S RECORDING FEES**

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Check the name of the Binding Site Plan at the Auditor's office. No two Binding Site Plans can have the same name. For example, a duplication of the "Johnson Binding Site Plan" could be renamed as the "Bill Johnson Binding Site Plan."

Recording fees for plats:

- Initial recording \$138.00 for the first page, \$5.00 for each additional page
- Conformed copy \$ 1.00 for a conformed copy (paid at the time of the initial recording)
- Map Copies
  - Paper (18 X 24) \$5.00 for the first page and \$3.00 for each additional page.
  - Mylar (18 X 24) \$6.00 for the first page and \$4.00 for each additional page.
  - Mylar supplied by customer, copies cost \$1.00 per page

**PART IV**

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**LEGAL OWNER SIGNATURE**

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(Signature of legal owner or representative as authorized by legal owner)

I, the undersigned, swear or affirm under penalty of perjury that the above responses are made truthfully and to the best of my knowledge.

I further swear or affirm that I am the owner of record of the area proposed for the previously identified land use action, or, if not the owner, attached herewith is written permission from the owner authorizing my actions on his/her behalf.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Zip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of applicant or representative

Date

**NOTARY**

(For Part IV Above)

STATE OF WASHINGTON ) ss:

COUNTY OF GRANT )

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

NOTARY SEAL

\_\_\_\_\_

Notary Signature

Notary Public in and for the State of Washington

Residing at: \_\_\_\_\_

My appointment expires: \_\_\_\_\_

**PART V**

(To be completed by the Planning Department)

Date Submitted: \_\_\_\_\_

Planner: \_\_\_\_\_

Total Fees: \_\_\_\_\_

Receipt #: \_\_\_\_\_

File #: \_\_\_\_\_

Complete Application: \_\_\_\_\_

# SITE PLAN INSTRUCTIONS

## INSTRUCTIONS:

- A. Complete the information requested in the gray box at the top of the reverse side of this page and draw your site plan in the space provided; you may use additional 8½ X 11 sheets as needed;
- B. Identify the north arrow in the space provided;
- C. Use an accurate scale for drawing (ie; "1 inch = 10 feet" or "1 inch = 20 feet" or "1 inch = 100 feet" etc.);
- D. Draw the boundaries of the parcel including the dimensions (you may need a plat map copy from the assessor's office)
- E. Draw the location and dimensions of all existing buildings and structures;
- F. Draw the location of the proposed project including the structure dimensions, and distances to property lines and existing buildings and structures;
- G. Draw the location of all proposed and existing utilities (including power, phone, water, sewer systems, reserve drainfield, etc.);
- H. Draw the location and dimensions of all existing and proposed roads, driveways, parking areas, rights-of-way and easements;
- I. Draw the location of any distinguishing physical features located on or adjacent to the property (including but not limited to : streams, culverts, drainage ways, wetlands, slopes, bluffs, etc.);
- J. In the gray box at the bottom of the page, please provide detailed directions to the site;
- K. If you have questions regarding these instructions, please see the "EXAMPLE" SITE PLAN provided below. If you have further questions not covered in the example, please call (509) 754-2011, extension 620 for assistance.

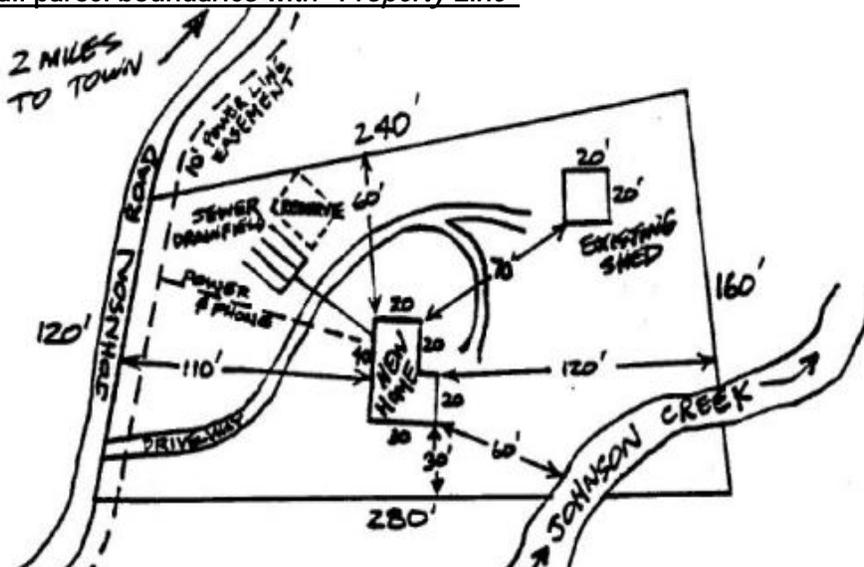
## "EXAMPLE" SITE PLAN

IN ORDER TO PROCESS LANDUSE APPLICATIONS, ALL SUBMISSIONS MUST INCLUDE A COMPLETED SITE PLAN MAP OF THE PROPOSED PROJECT (SEE INTRUCTIONS), submission of an incomplete site plan map will be considered as an incomplete application and returned to the applicant:

PROJECT/ OWNER NAME \_\_\_\_\_ DATE \_\_\_\_\_

PARCEL #(s) \_\_\_\_\_ DRAWING SCALE \_\_\_\_\_ inch(s) = \_\_\_\_\_ feet

**NOTE:** Please label all parcel boundaries with "Property Line"



Directions to the Site:

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# SITE PLAN

IN ORDER TO PROCESS LAND USE APPLICATIONS, ALL SUBMISSIONS MUST INCLUDE A COMPLETED SITE PLAN MAP OF THE PROPOSED PROJECT (SEE INTRUCTIONS), submission of an incomplete site plan map will be considered as an incomplete application and returned to the applicant:

PROJECT/ OWNER NAME \_\_\_\_\_ DATE \_\_\_\_\_

PARCEL #(s) \_\_\_\_\_ DRAWING SCALE \_\_\_\_\_ inch(s) = \_\_\_\_\_ feet

NOTE: Please label all parcel boundaries with "*Property Line*"

NORTH  
ARROW

Directions to the Site: \_\_\_\_\_

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## PRE-APPLICATION REVIEW CONFERENCE WAIVER

Pre-application conferences are intended as an informal discussion and review of possible applications to assist the applicant in discovery of appropriate county regulations, standards, application materials and review processes, that would be required of a project, as well as to identify environmental issues that may arise in connection with the application for proposed development.

- However, the requirement for the pre-application conference may be waived by the administrative official with the concurrence of the applicant.

Application No.: \_\_\_\_\_

Type of Application: \_\_\_\_\_

I hereby request a waiver to the pre-application conference as provided in the Grant County Local Project Review Ordinance (Ord. #97-192-CC). I have been provided with copies of the county ordinances and other related information concerning this application. Furthermore, I have read and understand the requirements and will be providing all the necessary information needed for the formal review process of this application.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

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### ADMINISTRATIVE REVIEW

Upon consideration of the application and supplemental materials and information submitted thus far by the applicant, Administrator finds that:

- 1) the application itself **is / is not** relatively simple; and
- 2) the administrative official had made a good faith determination that the applicant **will / will not** be harmed by the failure to hold a pre-application conference.

The above request for a waiver of the Pre-Application Conference requirement is hereby **APPROVED / DENIED**.

\_\_\_\_\_  
Project Planner

\_\_\_\_\_  
Date



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## **LAND USE ACTIVITY**

### **ACKNOWLEDGEMENT AND AUTHORIZATION FORM**

I, \_\_\_\_\_, legal owner  
of Parcel (s) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, hereby authorize  
\_\_\_\_\_ to act as my agent, in the  
\_\_\_\_\_ application filed in the  
Grant County Planning Department.

\_\_\_\_\_  
Legal Owner Signature

\_\_\_\_\_  
Legal Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**A GRANT COUNTY HEALTH DISTRICT “*LAND  
USE PROPOSAL APPLICATION*” MAY BE  
REQUIRED FOR THIS PROJECT; PLEASE  
CONTACT THE PLANNING DEPARTMENT AND  
HEALTH DISTRICT\* FOR VERIFICATION**

IF APPLICABLE, IN ORDER FOR YOUR LAND USE PERMIT  
APPLICATION PACKET TO BE ACCEPTED IT MUST CONTAIN THE  
FORM SIGNED BY THE HEALTH DISTRICT REPRESENTATIVE.

\* Grant County Health District Contact information:  
1038 West Ivy  
Moses Lake, WA 98837  
(509) 766-7960  
[www.granthealth.org](http://www.granthealth.org)