



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

PLAT ALTERATIONS & PRELIMINARY SUBDIVISIONS

Plat Alteration Fee \$800 + \$35/lot
Final Fee \$250

Preliminary Plat Fee \$1,000 + \$35/lot
Final Fee \$250

SEPA Fee \$300

PART I GENERAL INFORMATION

*All requested information shall be provided (Plat Alteration applicants do Parts I, III and IV only)
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 land that you are platting, which lots would the buildings be on?

If this land is in “Current Use – Open Space Program,” do you want this new plat 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:

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 area to be subdivided on a preliminary subdivision map.)

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

What impact will the proposed subdivision have on the adjacent properties?

What factors support this subdivision?

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 SUBDIVISION INFORMATION

PART II

Number of Lots:

Gross Area:

Typical Lot Size:

Proposed Net Density¹:

Smallest Lot Size:

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:

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

**PRELIMINARY SUBDIVISION 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 of Subdivision:

Is phasing of the finalization of the subdivision 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

SURVEYOR VERIFICATION

I, the undersigned, a licensed land surveyor, have completed the information requested. The legal description and preliminary plat 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: _____

TREASURER’S REQUIREMENTS

The County Treasurer is the last person to sign off on a plat 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 1st and February 14th 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 15th and May 31st, advance tax is not required to be paid.

AUDITOR’S RECORDING FEES

Check the name of the plat at the Auditor’s office. No two plats can have the same name. For example, a duplication of the “Johnson Short Plat” could be renamed as the “Bill Johnson Short Plat.”

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

LEGAL OWNER SIGNATURE

(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 #: _____

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

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