



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

SHORT PLAT APPLICATION

Application Fee: \$350 + \$35/lot
Final plat fee: \$150

Fee Revised 5/09

All requested information shall be provided - use BLACK ink or type for photocopying purposes.

A short plat is required for the subdividing for sale or lease (as defined in the Short Plat Ordinance) of 2, 3 or 4 lots in which the smallest lot, tract or parcel created is less than 40 acres.

Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Work) _____ (Fax) _____

Name of Short subdivision: _____

Legal description attached (required): Yes No Zoning Designation: _____

Location of Proposal Site: Section(s): _____ Township: _____ Range: _____

Farm Unit: _____ Block: _____

Acreage: _____ Number of lots: _____

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

Has this property been involved in a subdivision within the past five years? Yes No

Intended use of the property:

Person(s) holding interest in lands to be subdivided other than yourself.

Name: _____ Address: _____

I, the undersigned, state that to the best of my knowledge, the above information is true and complete.

Applicant's Signature

Date

Critical Areas Checklist
Pursuant to Grant County 24.08.070

- 1) Section _____ Township _____ Range _____ Parcel Number _____
- 2) Site Address: _____
- 3) Directions to site and landmarks to help staff locate the site: _____

- 4) If this checklist is submitted independently, please attach a Section map obtained from the Assessor's office and highlight the project area. Attached? Yes ___ No ___
- 5) Proposed uses: _____
- 6) For independent CAO review, please attach a Site Plan. Attached? Yes ___ No ___
- 7) Please answer the following questions concerning Critical Area indicators located on or within 300 feet of the project area.
 - a) Are you aware of any environmental documentation that has been prepared related to critical areas that includes the subject area? (if yes, please attach a list of document titles).
Yes ___ No ___ Unknown ___

 - b) Are there any surface waters (including year-round and seasonal streams, saltwater, lakes, ponds, bogs, fens, swamps, marshes)?
Yes ___ No ___ Unknown ___

 - c) Is there vegetation that is associated with wetlands?
Yes ___ No ___ Unknown ___

 - d) Have any wetlands been identified?
Yes ___ No ___ Unknown ___

 - e) Are there areas where the ground is consistently inundated or saturated with water?
Yes ___ No ___ Unknown ___

 - f) Is there any State or Federally listed sensitive, endangered or threatened species and habitats?
Yes ___ No ___ Unknown ___

 - g) Are there slopes of 15% or greater?
Yes ___ No ___ Unknown ___

 - h) Is the project located within a Flood Hazard Zone?
Yes ___ No ___ Unknown ___

 - i) Do you know of any geologic hazards (for example: erosion hazards, landslide hazards, seismic hazards and mine hazards)?
Yes ___ No ___ Unknown ___

 - j) Do you know of any cultural resource sites (lands, sites, structures with historic or archaeological significance) located on the proposed site?
Yes ___ No ___ Unknown ___

Information regarding endangered species, wetland vegetation and flood hazard zones is available for public use at the Grant County Planning Department. I understand that if the information on this form is later determined to be incorrect, the project or activity may be subject to conditions or denial as necessary to meet the requirements of GCC 24.08, the Grant County Critical Areas Ordinance.

Applicant's Signature

Date

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