

CITY OF CLARKSTON
SHORT PLAT APPLICATION

Applicant Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Property Owner Name (if different): _____

Address: _____

Legal Description of Property : _____ Current Zoning: _____

The City may approve a Short Plat subject to the provisions of Clarkston Municipal Code Section 17.19.

ATTACHMENTS:

- 1. LEGAL DESCRIPTION: Attach a legal description of the existing parcel and proposed lots.
2. VICINITY MAP: Please attach a vicinity map, drawn to scale, which shows the location of the proposed short plat.
3. PROOF OF OWNERSHIP: Please attach a copy of the property deed or sales contract.
4. A SHORT PLAT MAP prepared in accordance with the requirements in CMC Chapter 17.19.110.

The Applicant will be notified in writing within 30 days of receipt of the completed application whether the application approved or disapproved.

The Applicant does hereby certify that all of the above statements and information in any attachments transmitted herewith are true under penalty of perjury by the Laws of the State of Washington.

Signature (Applicant): _____ Date: _____

Signature (Landowner, if different): _____ Date: _____

FOR OFFICE USE ONLY

Case No: _____ Date Rec'd: _____ Rec'd By: _____

Planning Dept. Approval: _____ Date: _____