



**ADAMS COUNTY HEALTH DEPARTMENT**

108 W. MAIN, RITZVILLE, WASHINGTON 99169 - TELEPHONE (509) 659-3315  
315 N. 14TH, OHELLO, WASHINGTON 99344 - TELEPHONE (509) 488-2031

**FEES ARE NON-REFUNDABLE**  
**LONG SUBDIVISION/PLAT APPLICATION**

Proposed Name of Development:

Applicant's Name: Phone:

Address:

Consultant's Name: Phone:

Address:

Legal Description of Property (attach if lengthy) Township: Range: Section:

Tax Parcel # of original Parcel:

Directions To Site (attach if lengthy)

- A. Total area involved:
- B. Number of lots proposed:
- C. Lot Sizes (sq.ft or acres) & use (i.e. residential, multi-family, commercial, ect)
- D. Describe proposed water supply for each lot:
- E. Distance to public sewer:
- F. Illustrate the following: A plan for the development of the property, drawn to scale, showing:
  - 1 Boundary lines, easements and right-of-ways (existing and proposed), significant natural features, and vicinity sketch; include dimensions.
  - 2 Drainage through the site(s): include natural drainage ways and/or irrigation drainage ways and easements.
  - 3 Existing well(s) and piping on property and all wells within 150 feet of property.
  - 4 Existing sewage disposal systems.
  - 5 Existing dwelling units and relevant structures, i.e. houses, duplexes, garages, barns driveways, patios, swimming pools, ect.
  - 6 Slope of the land: indicate slope with contour lines at five foot vertical intervals indicate each lot with a slope of the land; indicate each lot with a slope in excess of 10%.
  - 7 Bodies of water on and within 150 feet of the property.
  - 8 Sign and date plan.

I certify, by signature that I am either the fee simple owner or contract purchaser of this property. I further certify that I grant permission to allow the Health Officer and/or his representative(s) to enter said property at their discretion for purpose of application evaluation, sewage inspection or any subsequent inspection.

**Applicant's Signature:**

**Date:**

\*\*\*\*\*Office Use Only\*\*\*\*\*

Application # \_\_\_\_\_ Receipt # \_\_\_\_\_ Fee received: \_\_\_\_\_